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ABSTRACT

The practicum report describes a program which established an Early Childhood Special Education Resource Center to serve the parents and teachers of deaf and hearing-impaired preschool children attending an integrated laboratory school associated with the University of Puerto Rico. Program goals included promoting parent-teacher interaction to further social-emotional development and visual discrimination skills of the children as well as to enhance public awareness about the importance of early identification and intervention in the education of young children at risk. Individual and group training sessions, workshops, conferences, and evaluation meetings were implemented. Surveys and questionnaires indicated that the knowledge, competencies, and self-confidence of the children, parents, teachers, and others improved as a result of the program. The report is organized into sections providing an introduction, a description of the problem and review of the literature, anticipated outcomes and evaluation instruments, a description of the solution strategy, results, and references. Seventeen appendixes provide the various forms and assessment instruments used; a weekly log; goals and objectives of the Resource Center; and reports on educational services, teacher preparation, and estimated incidence of handicapped children in Puerto Rico. (DB)

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Improving Early Educational Intervention Services for Deaf and Hearing Impaired Preschool Children by Establishing a Resource Center for Parents, Teachers and other Professionals

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By

Lydia V. Bermúdez

Cluster XXIII

Report for Practicum II
presented for the ED. D. Program
in Early and Middle Childhood in
partial fulfillment of the requirements
for the Degree of Doctor in Education

Nova University
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1989

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PRACTICUM APPROVAL SHEET

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This practicum report was submitted by Lydia V. Bermúdez under the direction of the adviser listed below. It was submitted to the ED. D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

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ABSTRACT

Improving Early Educational Intervention Services for Deaf and Hearing Impaired Preschool Children by Establishing a Resource Center for Parents, Teachers and other Professionals.

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Nova University, ED.D. Early and Middle Age Program
Descriptors: early intervention, deaf preschoolers, social-emotional behaviors, public awareness, young children at risk, resource center, parental involvement, parent-children interaction

The writer designed and implemented this practicum with the purpose of developing procedures to improve quality early educational intervention services for deaf and hearing impaired preschool children in a regular school setting. Goals included the provision of additional opportunities for parents, teachers, and other professionals to share information and exchange ideas on how to promote the optimal social-emotional interaction and visual discrimination skills of deaf and hearing impaired preschool children, and to enhance the public awareness knowledge among the school community members about the importance of early identification and intervention in the education of young children at risk.

The selected strategies for solution included the organization of an Early Childhood Special Education Resource Center to serve the parents and teachers of the deaf and hearing impaired preschool children and other members of the school community. Professional and parental teamwork was developed to improve the preschoolers self confidence and behaviors, and the parents and professionals knowledge and competencies to understand and manage the deaf children's social-emotional behavior. Within the strategies developed by the writer were individual, group and general trainings; workshops, conferences and evaluation meetings.

The results of the implementation were considered successful since the standards of performance were realized for all the objectives. The knowledge, competencies, and self confidence of the children, parents, teachers, and other members of the school community evidenced commendable improvement as assessed by surveys and questionnaires.The participants in the orientation program found it useful. The overall program increased the opportunities for quality interaction between educators, parents, and other professionals. Through the weekly meetings and workshops, the parents demonstrated to learn more about what their child was experiencing in the educational program and to exchange ideas with the educators. The teachers were more responsive to parents and used specific criteria to facilitate parent interaction and support. In addition, an awareness was motivated among the school community members about the importance of early educational intervention services for handicapped and at risk preschoolers. This improvement of knowledge and competencies among the participants allows deaf preschoolers to function better and to behave more appropriately in the classroom.

Chapter I

Introduction

Description of the Community

Located in a two hundred eighty nine acre site in the Metropolitan Area of the capital city, U.P.R. main campus, is the largest of ten units within the only state post-secondary institutional system of public higher education services.

Since 1903 when the U.P.R. was founded, it has followed a course of growing and uninterrupted development. It has grown in enrollment, in faculty, and in programs for the preparation of personnel needed for the development of the Island. At present it has over 55,000 students island wide at two years regional colleges, four years and graduate campusses, four years university colleges, four years technological university colleges, the Medical Science Campus and the Engineering College.

At the U.P.R. Medical Science Campus there is the School of Communication Disorders which trains speech pathologists and audiologists. The clinical facilities, special equipment audiometers and the expertise of its faculty will be available to the proposed program submitted by the writer.

The Main Campus, as a comprehensive university is the leader in graduate programs. During the last years its principal growth has been in master's and doctorate's degrees.

Writer's Work Setting

The College of Education at the U.P.R. Main Campus is the largest and most prestigious teacher preparation institution in the Island. It was founded in 1903 as the first teachers college, and currently graduates 40% of the total teachers. The College of Education offers bachelor degrees on twenty educational areas, and seven master and doctoral degree programs.

It is located in a new five story building free of architectural barriers. Its students teachers have at their disposition the major important public and private schools within the San Juan Metropolitan Area which serve as practicum sites. The College is acredited by NCATE and the University by the Middle States Association.

Among the Educational Facilities there are three units of laboratory schools from the preschool through the secondary level. There are four amphitheaters or auditoriums with capacity ranging from 60 to 200 persons. Modern one-way mirror demonstration classrooms are available to the students and professors. Moreover, the College has a unit for educational technology as well as vocational education, home economics, a graduate studies department and the traditional departments of foundations and curriculum and teaching.

The library facilities at the College of Education of the University of Puerto Rico are air conditioned an provide 1,236,325.00 books and 1,596.037 research documents and thesis. In addition, the U.P.R. main campus library offers the complete ERIC service to all students as well as the Dialog Search.

The Special Education Program with a faculty of eleven full-time professors, 7 of them with doctoral degrees, offers courses leading to a BA degree with a major in special education. At present the graduate studies department has submitted a proposal to the University of Puerto Rico Academic Senate in order to establish an MA Degree Program in Special Education. This proposal is being considered during this academic year 1988-89.

The U.P.R. is firmly committed to the development of comprehensive educational and related services for the handicapped and the College of Education is receiving technical cooperation and support from Gallaudet College in Washington, D.C. This assistance insure the quality of service delivery and personnel preparation in the area of the hearing impaired.

Gallaudet College represents a comprehensive and diverse resource to provide and improve the education and lives of the disabled population in the Caribbean Region. The overall goal of this program is to enrich the educational services provided to the hearing impaired and the educationally and developmentally delayed children in the region. It is expected that it will create and stimulate public awareness knowledge.

Writer's Role and Responsibilities

The writer, presently a senior faculty member in special education of the Department of Curriculum and Teaching, has served the public school system for 18 years. She has worked as a special education teacher, as a school principal, as a counselor, as a general supervisor, as an executive director at the State Department of Education Main Office, and as a college professor in special education. During eight years she worked as an assistant professor in education in a private university college. Also, she has been working part-time as a consultant for the Head Start Program and as a volunteer for the New York Foundling Hospital.

In 1985 she was elected as the secretary-treasurer for the Caribbean Association on Mental and other Developmental Disabilities, and in 1987 as the site coordinator for a special federal project organized by the American Academy of Pediatrics for Federal Region II. Recently she was appointed by the Governor of the Island as a member of the Advisory Board for the Early Intervention Special Education Program.

At present she teaches teachers to teach handicapped children, supervise practice teaching internship, and coordinate field and laboratory experiences for a group of student-teachers for the education of the hearing impaired at the Department of Graduate Studies. She also works as a volunteer and researcher for the Graduate School of

Education and for the Gallaudet University Caribbean Educational Resource Center for the Hearing Impaired.

She holds an undergraduate degree in elementary education, a Master's degree and two Advanced Professional Diplomas in Educational Administration, Supervision and Counseling from the University of Puerto Rico. A master's degree in Educational Psychology from New York University and specialized graduate studies in the education of hearing impaired students from Gallaudet University for the Deaf at Washington, D.C.

She is certified by the Puerto Rico State Department of Education in the following areas: special education teacher, elementary school English teacher, secondary school English teacher, elementary school principal, secondary school principal, superintendent of schools, general supervisor of school affairs, general supervisor in special education, guidance and counseling technician, and special education curriculum technician.

During the present year she will be involved in two research projects. The first one, a Standardization Study to translate and validate the Meadow-Kendall Social-Emotional Assessment for Deaf and Hearing Impaired Student Inventory Pre-School Form, sponsored by the Caribbean Resource Center for the Deaf and the Office of Academic Affairs of the University of Puerto Rico. The other one is a Standardization Study of the Spanish version of the Early Screening Inventory in coordination with Dr. Samuel J. Meisels.

Chapter II

Study of the Problem

Problem Description

The people of the Commonwealth where the writer lives recognize the fundamental importance of education for the conservation and enjoyment of the democratic life and the formation of capable and responsible citizens, respectful of rights and ethical values of the human being.

The Constitution establishes the right to education within certain limitations and the legislature authorizes and orders the Secretary of Education to establish and maintain in the Island a system of public school, as well as to promulgate those regulations deemed necessary for the effective administration of the duties of the position.

Other laws, in agreement with the former, especially Law number 21 of July 22, 1977, recognize the right that the handicapped child and youth have to the enjoyment of a free and appropriate public education which will allow him/her to develop him/her self and to make maximum use of his/her potentialities, in tune with the nature and severity of his/her handicap.

According to the latest data from the Department of Education, there are 39,631 handicapped children receiving educational and related services in the Island. The hearing impaired population represents 6.3% of the total handicapped children. There are 1,009 deaf and 1,417 hard of hearing children. In addition, there are 88 deaf-blind children. (See Appendix A). Handicapped pupils are attending private as well as public schools across all seven of the country's educational regions (See Appendix B). Because of the poverty level in many of these educational regions it can be expected that the number of multihandicapped children is greater than the numbers presented.

At present, there is no available or collected data regarding the academic achievements of the hearing impaired, but there is general consensus that their needs are not being adequately met because of the low quality of their education. Even parents recognize this inadequacy, as evidenced by recent legal suits concerning deaf students and by the fact that many deaf children are being sent away to schools on the mainland. The Director of the Florida School for the Deaf and Blind has indicated that the number of students from the Island attending the Florida School has doubled since 1981.

The low quality of the education of hearing impaired children can be attributed to the professional preparation of teachers serving them. For academic year 1986-87 there were 87 teachers providing services to 2,283 hearing impaired students all over the Island (See Appendix C). These teachers were in general, not qualified to address the needs of this population because the Island does not have a program in education for the hearing impaired at any university, private or public.

The Commonwealth, also recognize the importance of early intervention embedded in Law 21 of 1977, guaranteeing educational services to the handicapped population ages 21 and under. Accordingly since 1970, efforts have been made by the State Department of Education to incorporate the handicapped population ages three to five in special education program. The last child count during 1986-87 reports 2,279 children ages 3 to 5 receiving special education services (See Appendix D). Of those, 315 were served under the Incentive Grant Program.

Nevertheless the number of children in the referred age bracket requiring special education services in the Island highly surpasses the number of children actually being served. Several conditions present in the country corroborate the afore mentioned statement. Demographic records show that 33,393 children were born in the Island from 1981 to 1985. Utilizing 5 percent to project the incidence of handicapped children ages three to five produces a total of 8,334, considering 50 percent of 33,393 as the population in ages three to five, in need of services. In addition, there are still present in the Island's environment several factors that generate disability, such as poverty, unemployment and lack of appropiate living facilities. Moreover, the incidence of AIDS in children is higher in the Island than in the United States.

After the approval of Public Law 99-457 the State Department of Education was responsible for establishing and coordinating a comprehensive service delivery system to satisfy the needs of the 0-5 handicapped population. In agreement with the State Department of Health, a distinction was made between the kind of services needed by 0-2 handicapped children and those from 3 to 5. It was found that there were 131 handicapped preschool children 3-5 in hospital clinics receiving pre-academic and health support services. In each regional hospital there was a clinic of this kind. Although there were many of these preschoolers that belong to a hospital setting due to their health problems, there was also a large group misplaced in that restrictive environment.

In September 1987 a group of seven deaf preschoolers was transferred from the University Pediatric Hospital to the U.P.R. Elementary Laboratory School. It was the first group of handicapped children to be integrated in the school in an effort to provide them a least restrictive environment.

The transition process from the hospital restrictive environment to the regular school, brought with it a lot of changes on the children's behavior and attitudes in the classroom and in the school that are interfering with the learning and social interaction processes. All of them, reacting to a lack of effective communication and to other aspects of the environment, have developed patterns of behavior that are classified as "inmature", "hiperactive", "hiperkinetic" and "egocentric" and so on, because all of them are in the process of learning to recognize and to cope with their feelings.

Their teacher manifested to the writer that she does not have the way to assess the students' social-emotional behavior, and that both, the parents and her, do not posess a common perspective of the children's behavior management and enough knowledge in the area of deafness. Other members of the school community, such as the regular preschool teachers, expressed their lack of competencies to work with handicapped children. Many others there, demonstrate worries about how the integration of these deaf and hearing impaired children could affect the U.P.R. school's image.

Ideally, if the classroom teacher, the parents, and other members of the school community develop the competencies and the knowledge to assess and manage the deaf and hearing impaired preschooler's social emotional needs, they can help these children to be more emotionally and socially well adjusted to the new school setting.

Briefly stated then, the problem was that the group of deaf and hearing impaired preschool children at the Elementary Laboratory School of the writer's work setting, demonstrated attitudes and behaviors in the classroom and in the school that were interfering with their learning and interaction processes. The behavior problems were sometimes so severe that the teacher and parents' work to integrate the children to the regular school seemed to be futile.

Problem Documentation

In order to provide documentation of the problem the writer utilized a variety of strategies as follows:

1. Interviews

a. With the classroom teacher

The teacher expressed her worries about the attitudes and behaviors of her deaf and hearing impaired students in the classroom and how they could affect their learning process. She accepted her lack of knowledge about the behavior management techniques and how to implement them in the classroom. Also, she manifested her anxiety about how to organize the most appropriate strategies to integrate the deaf and hearing impaired preschool children with other non handicapped children in the school setting.

b. With the school principal

She expressed her worries about the impact caused by the presence of the deaf and hearing impaired preschool children on the regular faculty, paraprofessionals, students and parents. The social behaviors observed by others in these children during group activities have been developing negative attitudes on the above mentioned persons. These attitudes are affecting the students integration to the school community. She demonstrated to be knowledgable of the law requirements and the need for a solution to the inmediate situation. She demonstrated interest in the writer's project.

c. With the parents of the deaf and hearing impaired preschoolers (Appendix E)

- Ten mothers and three fathers were interviewed by the writer.
- All of them provided personal information about their children, about their families and about their children's social interactions.
- All of them expressed that their children have difficulties to play with other children.
- All of them manifested difficulties to manage their child's behavior at home.

2. Direct Observation

The writer studied the student's records and the IEP's in order to get information about their strengths and weaknesses and their actual functional level.

She also observed the children all the day during one week. She used a self prepared checklist (Appendix F) observing them in four different social-emotional areas. From her observations she got the following data:

Self-identity:

- All the children demonstrated difficulties to separate from their parents.
- All of them cling to their mothers excessively.
- All of them demonstrated difficulties to make eye contact with adults.
- Twenty percent of the children make activity choices without teacher's help.
- Ten percent of the children seek other children to play with them.
- Ten percent of the children display enthusiasm in regard to make things for self.

Social Play:

- Eighty percent of the children play by self with with or without objects.
- Eighty percent of the children play by self constructing or creating something.
- Twenty percent of the children play parallel to others with or without objects.
- Ten percent of the children play with a group constructing or creating something.
- Ten percent of the children do not play.

Prosocial Behavior:

- Twenty percent of the children show concern for someone in distress.
- Fifty percent of the children show delight for someone experiencing pleasure.
- Thirty percent of the children share something with another.
- Twenty percent of the children take turns with toys or activities.
- Twenty percent of the children give something of his/her own to another.
- Twenty percent of the children wait for turn with toys and activities.
- Ten percent of the children wait for turn without a fuss.
- Ten percent of the children help another do a task.
- Ten percent of the children help another in need.

Emotional Development:

- Ten percent of the students allow self to be comforted during stressful time.
- Ten percent of the children eat, sleep, toilet without fuss away from home.
- Ten percent of the children handle sudden changes/startling situations with control.
- Ninety percent of the children express anger in actions.

- Ten percent of the children allow aggressive behavior to be redirected.
- Ten percent of the children do not withdraw from others excessively.
- Ten percent of the children show interest/attention in classroom activities.
- Twenty percent of the children smile, seem happy most of the time.

3. Screening:

With the cooperation of the classroom teacher the writer administered the Meadow-Kendall Social Emotional Assessment Inventory for Deaf and Hearing Impaired Preschool Students (Appendix G). The inventory was administered individually to the ten students. The 49 items were categorized in four different scales:

Scale I: Sociable, Communicative Behaviors
Scale II: Impulsive Dominating Behaviors
Scale III: Developmental lags
Scale IV: Anxious, compulsive behaviors

Analyzing each scale's results individually it was found that:

- Twenty percent of the students demonstrated sociable, communicative behaviors.

- Ninety percent of the students demonstrated impulsive, dominating behaviors.
- Eighty percent of the students demonstrated developmental lags.
- All of the students demonstrated anxious, compulsive behaviors.

4. Need Assessment Instruments

a. Parents:

The needs assessment instrument administered to thirteen parents (Appendix H) demonstrated that:

- All the parents need to know more about how the children grow and develop.
- All the parents need to know how to manage their child's behavior.
- All the parents need to understand their child's special needs.
- All the parents want to improve their sign language skills.
- Ninety percent of the parents need to know more about deafness.
- Ninety percent of the parents want to know more about the services and resources available in their communities.

- Eighty percent of the parents want to know how to realize other activities at home with their children.
- Seventy percent of the parents want to know how to live with their children at home.
- Eighty percent of the parents want to know to help their child to behave.
- All the parents pointed out the importance of parent effective training.
- Eighty percent of the parents manifested their interest to help their child to get along with others.
- Ninety percent of the parents need to know how to manage their children's anxieties and worries.
- All the parents manifested that the most they need is to learn how to manage their children's disruptive behavior in the classroom and in other group activities.

b. Teachers

From the questionnaire administered to the fifteen elementary preschool teachers of the Elementary Laboratory Schools it was found that all of them need to improve the following competencies (Appendix I):

1. Knowledge of normal and atypical processes and stages in children's development.

2. Ability to recognize symptoms of specific handicapping conditions.
3. Skill in observing and recording behavior of individual children.
4. Ability to employ informal procedures in diagnosing educational problems.
5. Ability to prepare long-term goals and short-terms objectives developmentally appropriate and consistent with each child's style of learning and observed strengths and weaknesses.
6. Ability to read children's cues and utilize this information in structuring an environment responsive to individual needs and conducive to maximization of children's active involvement.
7. Ability to develop a trusting relationship with children through effective communication.
8. Skill in techniques that enhance positive interactions among children of varying levels of ability as well as cultural and ethnic backgrounds.
9. Understanding and belief in the philosophy that underlies the curriculum model in use.
10. Ability to listen reflectively to parents and to develop a viable program of family involvement.

11. Skill in recruiting, training and working cooperatively with paraprofessionals.
12. Familiarity with an ability to utilize effectively resourse persons and agencies within the community.
13. Ability to recognize one's own limitations and to seek assistance when appropriate.

In general, the writer documented the problem stated utilizing a variety of strategies: interviews, needs assessment instruments, questionnaires, direct observations, and screening instruments. From the data collected she observed: that simply placing handicapped children in the same educational settings with nonhandicapped children does not accomplished all the goals of mainstreaming; that well designed mainstreamed programs have to be supported on moral and ethical grounds if them are to fullfill their purpose, that there existed a real dosage of insatisfaction among the needs of the deaf and hearing impaired preschool children, the needs of the parents, the needs of the preschool teacher and the needs of the school community in general; that the early placement of handicapped children into the educational mainstreaming carried certain cautions and challenges that were not commonly encountered in preschools without special needs children.

Causative Analysis

The ability to hear opens the door to communication development and adds an important dimension to the way people perceive the world. For those with a hearing disorder, the development of communication skills is the most important factor in the life-adjustment process. The effect of the disorder on the educational and social adjustment of an individual will depend on a number of factors: the type of severity of loss, age of onset, intellectual capabilities, emotional stability, and the availability and quality of medical, psychological, and educational services.

The educational achievement of students with a hearing disorder may be significantly delayed in comparison to their hearing peers. It should come as no surprise that this population has considerable difficulty succeding in a system that depends primarily on the spoken word and written language to transmit knowledge.

Delayed language acquisition may lead to more limited opportunities for social interactions. Due to this, deaf children have more adjustment problem and develop social maladjustment patterns. In addition, they need more assistance in adapting to the social environment because of the difficulties encountered in processing and internalizing auditory information.

In the particular case presented by the writer, the social emotional adjustment of the group of deaf and hearing impaired preschoolers to the school setting was also affected by a number of variables that the writer saw as causes of the problem: The students' lack of opportunities to have group experiences; the students' lack of knowledge to recognize and cope with their feelings; the students' difficulties to make appropriate social emotional adjustment to new situations; the parents' lack of knowledge to provide their children with sufficient environmental support to develop their social emotional full potential; the parents' lack of knowledge about deafness; the teacher's lack of instruments to assess the deaf and hearing impaired preschool children's social-emotional needs; the teacher's and parents' lack of knowledge about behavior management techniques to deal with the students' maladaptive behavior; and the negative attitudes developed among the school community members against the integration of the deaf and hearing impaired preschool children to the school setting.

In brief the writer saw that the most important cause of the problem was the lack of awareness, knowledge and information among the parents, teachers and school community members to understand the social emotional behavior of the deaf and hearing impaired preschoolers. This lack of understanding was affecting the integration of these students to the mainstream setting and the quality of their early educational intervention services.

The Relationship of the Problem to the Literature

The writer's revision of the literature gave her a greater understanding about the social and psychological development in deaf and hearing impaired preschool children, and about the importance of the appropriate early intervention services for them.

Research on children has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's cognitive, communicative, social and emotional development can be must influenced. If special needs are recognized and met during these years, handicapped children will have a much better channel of becoming competent and independent adults.

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition. Early intervention may begin at any time; however, there are many reasons to begin as soon as possible, (Simeonsson, 1982).

Intervention is a goal in the process of meeting the needs of young exceptional children. The term is defined as interference in the form of action for the purpose of changing the course and results of deviant or delayed development. The action required is individual, but it encompasses any modification or addition of services, strategies, techniques, or materials required to maximize the child's potential. Although its nature may assume many possible forms, it is dynamic, flexible, and essential for effecting positive change in the development of exceptional children (Richmond, 1980).

There are three primary reasons to intervening early with and exceptional child:

1. To enhance the child's development
2. To provide support and assistance to the family
3. To maximize the child's and family's benefit to society

The rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If these stages are not taken advantage of, a child may have difficulty in learning a particular skill at a later time, (Kaplan, 1985).

Early intervention services have a significant impact as well for the parents and sibblings of an exceptional child. The family often feels disappointed, social isolation, added economic stress, frustration, and helplessness. The compounded stress of the presence of a handicapped child may affect the families' well-being and interfere with the child development. Early intervention for parents results in improved attitudes about themselves and their children, improved information and skills for teaching their child, (Keogh, 1986).

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child and, perhaps increased ability for employment, provide economic as well as social benefits, (Finch,1985).

Only in recent years have special educators become convinced of the need for early identification and intervention. From a virtual absence of educational programs 20 years ago for handicapped children from birth to school age, early childhood special education has become one of the most prominent and fastest growing components of the entire special education field. Research and development of early intervention services have been aided by federal legislation, (Bailey and Wolery,1984).

The earliest and one of the most dramatic demonstrations of the critical importance of early intervention was a classic study by Skeels and Dye (1939). Two hopeless baby girls, aged 13 and 16 months, had been transfered from an orphanage to a ward of adult women in an institution for the mentally retarded because of lack of room in proper facilities. "The youngers were pitiful little creatures. They were tearful, had runny noses, and coarse, stringy, and colorless hair; they were emanciated, undersized, and lacked muscle tone or responsiveness. Sad and inactive, the

the two spent their days rocking and whining" (Skeels,1966, p. 5.). At the time of their transfer, the two children were classified as moderately to severely retarded with IQs estimated at 35 and 46. After six months in the ward with the older women, their IQs were measured at 77 and 87, and a few months later both girls had IQs in the mid-90s. After learning of the two girls' remarkable improvement, Skeels and Dye looked for possible causes. They found that the children had been the recipients of an unusual amount of attention and stimulation. Ward attendants had purchased toys and books for the children, and residents had played and talked with them continuously.

Although the study by Skeels and Dye (1939) can be questioned because of its lack of tight experimental method, it served as the foundation and catalyst for many subsequent intervention efforts. Skeels (1966) concluded his follow-up study with these words:

> The unanswered questions of this study could form the basis for many life-long research projects. (p.109).

Another research study that highligthted the importance of early intervention was done by Kirk (1958). This study measured the effects of two years of preschool training on the social and cognitive development of mentally retarded children (IQs ranging from 40 to 85). Children in the two experimental groups - 15 children living in an institution and attending a nursery school program and 28 children living at home and also attending a preschool program - showed gains on tests of mental and social development. Children in the two control groups that did not receive the preschool training - 12 in an intitution and 26 living at home - showed declines in performance. The differences between the groups were maintained over a period of years.

The Milwaukee Project (Garber & Heber,1973; Heber & Garber, 1971; Stickland, 1981),is another widely cited effort in early intervention. The project was aimed at preventing mental retardation by providing a program of parent education and infant stimulation for children considered to have a high potential for retarded development because their mothers' levels of intelligence and conditions of poverty. Mothers with IQs of 70 or less and their high-risk infants were chosen subjects for the study. The mothers received training in child care and were taught how to interact with and stimulate their children. Beginning before the age of 6 months, the children also participated in an infant stimulation program conducted by trained teachers. By the age of 3 1/2 the experimental children tested an average of 33 IQ points higher than a control group of children who did not participate in the program.

Hailed as the "Miracle in Milwaukee" by the popular media this study is sometimes offered as proof that a program of maternal education and early infant stimulation can reduce the incidence of cultural-familial mental retardation. However, the Milwaukee Project has also been criticized for its research methods. Page (1972), for example, questions whether bias in sampling and testing was adequately controlled.

Since the 1960s there have been literally hundreds of studies attempting to determine the effects of early intervention on disadvanteged and handicapped children, In a review of reviews, White, Bush, and Casto (1986) found that 94 percent of a sample of 52 previous reviewers of the early intervention literature concluded that early intervention resulted in substantial immediate benefits for handicapped at-risk, and disadvanteged children. The immediate benefits included cognitive, language, social-emotional, and motor growth and better relationships and functioning with parents and siblings. In an analysis of the long-term effects of early intervention, Lazar and Darlington (1982) pooled the data from twelve follow-up studies of children who had participated in cognitively oriented preschool programs for socioeconomically disadvanteged children. At the time of the follow-up studies, the children who had participated in the preschool programs were in third to the twelveth grades. Fewer of the early intervention children had been placed in special education classes (14 percent vs. 37 percent), and fewer had been held back to repeat a school year (twenty six percent vs. thirty seven percent).

Although the results reported on the long-term efficacy of early intervention are positive, numerous methodological problems make it extremely difficult to conduct such research in a scientifically sound manner (Bricker, 1986; Dunst,1986; Strain &Smith, 1986). Among those problems are the difficulties in selecting meaningful and reliable outcome measures; the wide disparity among handicapped children in the developmental effects of their disabilities; the tremendous variation across early intervention programs in curriculum focus, teaching strategies, length, and intensity of programming; and the ethical concerns of withholding early intervention from some children so that they may be used as a control group for comparison purposes (Bailey & Wolery, 1984).

In a meta-analysis of seventy four studies investigating the efficacy of early intervention with handicapped preschoolers, Casto and Mastropieri (1986) concluded that early intervention produces positive effects and that longer, more intensive programs are generally more effective. However, these authors also reported that their analysis did not find support for two conclusions common to the vast majority of previous reviews of the literature. They found no evidence that early intervention programs are more effective when begun at an earlier age as opposed to a later age, and they disagreed with previews reviwers who concluded that the greater degrees of parental involvement are associated with greater effectiveness. Casto and Mastropieri's paper has drawn heavy criticismn from other experts on early intervention research, who claim the analysis suffers from conceptual and methodological weaknesses (Dunst & Snyder, Strain & Smith, 1986).

In concluding their critique of the Casto and Mastropieri analysis, Strain and Smith (1986) comment on the large but scientifically questionable body research that generally indicates positive outcomes of early intervention.

> Virtually every special educator today recognize the importance of early intervention for both handicapped and high-risk children. Most will also agree that the earlier intervention begins, the better. But before intervention begins, the the children must be identified. (pp. 263-264).

There are different kinds of intervention through the program. The kind of intervention required for a child depends on information received from the diagnostic evaluation identifying the nature and degree of the disability. To be effective, intervention must be directed toward all aspects of the disability, involving whatever disciplines are necessary. Each discipline - medical, social, psychological and educational - has an obligation to provide the most appropriate treatment for the handicapped child.

In the particular case of hearing impairments, early intervention programs usually begin with the identification of a hearing loss in a young child. The programs should involve a wide range of services. In addition to language, speech and pre-academic training, services include parent and family counseling, provision of factual information on deafness and its implications, training in communication techniques, and special training for parents and siblings and other relatives to work with their deaf children at home (Moores & Klwin (1986).

The ethical arguments for early intervention, then, encompass three issues: (1) preventing the child from learning incompetence by promoting greater independence; (2)removing the continued burden to society by reducing the children's long-term needs for intensive and expensive resources; and (3) changing the public's attitudes toward handicapped individuals by demonstrating the benefits of early intervention programs in decreasing handicapped people's dependence on public support.

The related literature states that since Public Law 94-142 was passed in 1975, there has been a profound change in the way special education works. Public school programs for preschool children have been advocated for the last decade. Martin (1984) suggested that the most appropriate agency to deliver services to preschool children is the public school. With the passage of Public Law 99-457, the Education of the Handicapped Act Amendments of 1986, all the states are now required to offer educational services to handicapped between the ages of 3 and 5. The Act also establishes a grant program for interagency services to handicapped infants and toddlers from birth through age 2 and their families.

The benefits of early intervention services (Beckman-Bell, 1981; Bricker, 1978; Moore, Fredericks, & Baldwin, 1981) have led to mandated services for handicapped 3-to 5 year-old children in twenty five states (National Center for Clinical Infant Programs, 1986). The implementation of these early childhood programs is a multi faceted process that requires translating the new legislation and policies into operating procedures.

In light of research depicting the positive impact of preschool programs on later school success (Berrueta-Clement, Schweinthart, Barnett, Epstein, & Weikart, 1984), principals must take early childhood programming for students with handicaps very seriously.The mandate of Public Law 99-457 to provide services to this age group is an opportunity to reduce long-range costs and increase long-range benefits. To assure that this opportunity is not lost, school principals have the critical task of implementing high quality instructional services that meet the needs of young disabled children.

It is the writer's opinion that this can be accomplished only by a committed, well-trained, and self-directed professional staff. Based on several years of experience providing state-mandated services, the writer predicts that strong early childhood special education services and programs will emerge in schools where principals seek to enhance the competencies of their staff.

Building a staff that delivers high-quality service begins with establishing a school climate where teachers, paraprofessionals, and related service professionals expect to take initiative, live up to high standards, and participate in determining the goals of the program. Moreover, professional staff are encouraged, aided, and rewarded for engaging in activities that contribute to improve instruction and to have better school organization. With more states offering preschool services as the result of implementing P. L. 99-457, it is reasonable to predict a shortage of well - trained teachers. As recently as 1983, only 18 states had certification requirements for special education teachers at the preschool level (O'Connell, 1986). Although preschool special education positions attract capable professionals, the diversity of problems that must be dealt with requires greater knowledge than can be acquired during preservice training. Consequently, when new services are created at the local level, actions must be taken to build staff skills. It is not necessary for principals to be experts in educating preschool-age students, but it is important for them to initiate procedures that identify professional growth needs, facilitate development of plans addressing the needs, and seek training opportunities (Berrueta-Clement, 1984).

Another aspect of building a high quality program is the challenge of selecting and creating appropriate curricula (Sargent, 1987). There appear to be two major hazards to proving appropriate instruction. The first is adopting the practices and content of early childhood programs designated for nonhandicapped children without sufficently adressing the unique needs of students with disabilities. The other pitfall is allowing kindergarten curricula to seep down to students who are not developmentally ready or who have other needs of higher priority. Most principals should acknowledge their lack of expertise in early childhood curricula and seek assistance and guidance rather than act intuitively or abrogate responsibilty for curriculum leadership.

In many respects, high-quality instructional processes for children under the age of 5 are no different from those for school-age handicapped youngsters. (Bricker, 1988). A well-prepared staff will maintain high -quality instructional processes for children under the age of 5 are no different from those for school-age handicapped youngsters. A well-prepared staff will maintain high quality instruction through their own initiatives. Principals can assist them by emphasizing and reinforcing good planning, high rates of time on task, use of feedback, and development of high-quality learning environments. Teachers also can be encouraged to task-analyze skills, provide practice opportunities, use systematic behavior management techniques, collect data and evaluate student progress. Principals can improve instruction by facilitating team processes (O'Connell, 1986).

The related services provided for preschool handicapped children on their individualized education programs (IEP's) are an integral part of their educational program and are often seen by parents as the most important services. (Beckman-Bell,1981).Determination of the level of services, the amount of time, and the model of delivery should be made based on the facilities available and the staff allocations, but, more important, on whether the lack of a specific skill is preventing the child from benefiting from the educational program.

One service model available for preschool handicapped children includes a center-based classroom with a special education teacher, an assistant, and often a speech pathologist, physical therapist, and/or occupational therapist. This model is not unlike most preschools or nursery schools for nonhandicapped children, except for the presence of the therapists (Keith, 1988).

The classroom-based model is the most frecuently used because it offers handicapped children many of the same educational opportunities and experiences that their nonhandicapped peers derive from nursery school. It provides a place where children learn to adapt socially to both peers and adults, while acquiring the building blocks necessary for functional life and academic skills.

Within the preschool setting, the least restrictive environment has been tested using two models. One integrates both handicapped and nonhandicapped children into the same classroom, and the other places a class for handicapped preschool children in a regular elementary school that may house, for instance, a Head Start class. Although these models are very different in structure, their implementation issues are similar (Martin, 1984).

In order to be effectively integrated into a least restrictive environment, a prescholer must have certain foundation skills. The main skills include (a) the ability to ambulate within a classroom; (b) readiness for associative and cooperative play; (c) attentional skills; and (d) ability to communicate with peers. Even for children who demonstrate these skills, a small-staff child ratio often is needed in order to provide the necessary help to attain readiness (Blatner, 1988).

Bremm and Erikson (1977) note that children who are unable to identify and follow the rules of the social group not only disrupt interactions but are apt to be judged socially and intellectually incompetent. Children who are socially competent during their school years tend to "be tracked higher; (and) advised toward higher ranked curricula, post-secondary programs and jobs" (p.159).

In addition to children's academic and career potential, early social adjustment in the peer group seems to predict adult social adjustment. Based on several longitudinal studies, Roff, Sells, and Golden (1982) conclude that the inability to form satisfactory peer relationships in primary grades is associated with poor conduct evaluations in the family and with future delinquency. Similarly, Cowen, Pederson, Babijian,Izzo, and Trost (1983) found that poor peer relationships in third grade are the best predictor of future emotional and mental health problems.

While most of these studies have included elementary children, "we know very little about the effects of preschool social experiences on adjustment in kindergarten, the primary grades or beyond" (Moore, 1981, p. 107). Because the importance of elementary children's effective social interation is so well established, it seems probable that social competence during the preschool years also predicts future adjustment because it is during the early years that children develop social skills. How, then, can adults facilitate positive social interaction among preschool handicapped children?

Although children need adult guidance to promote prosocial development, they also need opportunities to interact with peers with minimal adult intervention. Charlesworth and Hartup (1987) confirm this point in a study of social reinforcement among preschool children. They found that positive peer social reinforcement is more likely to occur during free play activities than during adult structured or project-oriented activities (e.g. music, art, or table games).

Rubin (1982) found a significant correlation between the frecuency of kindergarten children's contact with peers and the development of empathy skills (an important element of social competence).

Through peer interactions, children are confronted with real social problems. Honig (1982) argues that children benefit from opportunities to provide sympathy and help to peers in real "situations of distress or misfortune". Peer interactions provide concentrated experience in situations where children get natural and realistic feedback about attitudes of others and areas of conflict (Wilkinson & Dollaghan, 1979; Denzin, 1987).

As children interat and experiment with social interaction strategies, they are more likely to imitate the positive social behavior of peers than the negative social behavior. Vaughn and Waters (1980) found that the behaviors of the most socially competent children are watched and imitated by their preschool peers more often than the behaviors of less socially competent children. Similarly, children who play with altruistic peers display significantly more altruism than those who do not have such models (Hartup & Coates, 1987).

Peer interaction also encorages prosocial behavior because positive responses to children's prosocial behavior reinforce that behavior (Charlesworth, 1987, Moore, 1981). Moore also states that highly aggressive children are negatively reinforced when they are resisted and avoided. Such peer interactions give highly aggressive children "the message that their companions would like them to change" (p. 16).

In a review of personality studies conducted with deaf groups, Levine (1960, pp.61-62) reported that all studies found the following characteristics: emotional immaturity, personality constriction, and deficient emotional adaptability. More than a decade later, Schleinger and Meadow (1985) arrived at the same conclusion: "Psychologically, the most frequently stated conclusion about deaf individuals is that they seem to reflect a high degree of emotional immaturity" (p.2).

However, the situation is not so clear as a summary of the literature may suggest. Almost every one of the above researchers felt constrained to qualify his or her findings. The lack of confidence in the results - or at least the reluctance to generalize from the findings - may be attributed to a number of factors. First is the questionable suitability of the instruments used. The second factor that should be emphasized is that the behavior considered maladaptive, neurotic, or psychotic in one situation might be deemed healthy and realistic in another. In addition, the testing situation must be a threatening situation for many deaf subjects.

DuLaro, J. and Garrisson, T.(1980) reported a low self-concept among deaf adolescents, but concluded that their finding resulted more from a limited understanding of the test itself than from the feelings of low-self esteem. Farrugia and Austin (1980) noted no differences in the social-emotional adjustment of deaf adolescents in residential school and hearing adolescents in public schools. A third group, deaf adolescents in public schools, scored significantly lower than both other groups. If indeed future studies also indicate more mature behavior in deaf residential school students than in deaf public school students, the implications for the goals and impact of PL 94-142 will be profound.

Unfortunately, there is little additional evidence against which to check the Farrugia and Austin results. In a review of research, Hummel and Schimer (1984)noted that the least-restrictive-environment stipulation of PL 94-142 should have led to increased interest in the study of social skills of deaf children. However, these researchers reported (p. 259), "There has been a tendency to overfocus on cognitive and linguistic factors, sometimes to the exclusion of affective factors. Because of this, there is an unfortunate gap in our knowledge of the social adjustment of deaf children in different educational settings."

In order to fill the need for instruments to assess the social-emotional adjustment of deaf children, Meadow developed the Meadow-Kendall Social-Emotional Assessment Inventory or SEAI (Meadow, Karchmer, Peterson, and Rudner, 1980). The original form was based on teacher's ratings of more than 2,000 deaf children from 7 to 21 years of age. A second inventory designed for preschool children, ages 3 to 6, was subsequently developed with norms from ratings of more than one hundred hearing-impaired children. Using the SEAI, Meadow (1984) compared teachers' ratings of four groups of preschool children: deaf children with additional handicaps, deaf children without additional handicaps, hearing children with handicaps, and hearing children without handicaps. The deaf children without handicaps, and the hearing children without handicaps received similar ratings. Both groups received significantly more favorable ratings than did hearing children with handicaps and deaf children with additional handicaps. Concerning the similar ratings of deaf and hearing children, Meadow concluded:

> ... it may be that deafness is not as great a detriment to social development as clinicians, researchers and educators have assumed. Perhaps we have based our ideas too frequently on and generalized too broadly from experience with groups of children referred for treatment of behavior problems. Perhaps we tend to assume that problems of social adjustment in deaf children are related to their auditory loss rather to other causes. (p.39).

In sum, it appears that, efforts to assess personality variables of deaf individuals are at about the same level today as intelligence testing of the deaf was thirty years ago. For the most part, inappropriate tests have been administered under unsatisfactory conditions, and the results have been compared with unrealistic norms. An impressive number of competent researchers with experience in the area of deafness (Donoghe, 1983; Heider & Heider, 1981; Jensema, 1975; Levine,1948; Myklebust, 1964; Schlesinger and Meadow, 1985; Trybus, 1973) have questioned the results obtained and the extent to which the findings reflect actual deviances in the deaf population. When a test standardized on deaf subjects was employed (Meadow, 1984), no differences were found between deaf and hearing children.

The evidence suggests that the social-emotional adjustment of the deaf is similar to that of the hearing, with great individual variation. Most deaf individuals cope with the reality of deafness as a life-long condition and lead normal, productive lives. This fact supports the contention that deafness itself has no direct impact, either negative or positive, on the development of a mentally healthy individual.

Research done in the 1960s indicates that little or no measurable benefit results from exposure to tradional early intervention programs. More recent work suggests that benefits may accrue from programs that have moved away from the traditional preschool model. Factors identified as associated with improvement include: cognitive and academic training, more parental involvement, use of combined oral and manual communication, and improved utilization of residual hearring. Despite impressive advances, large numbers of deaf children who have completed intensive early education programs continue to exhibit difficulties in speech, language usage, and academic areas. Although the results are better, they still leave much to be desired. There is a paucity of information on validated practices for helping parents to adjust to the presence of a deaf infant in the family and to acquire effective techniques to facilitate social, cognitive, and communicative skill development in their deaf children (Weiner, 1985).

In order to be really effective, an early intervention program for deaf children and their families, from the time of identification of a hearing loss, should have several related components. Services to parents and other family members should be provided across several domains - knowledge, adjustment, and skill - each of which should be addressed as quickly as possible. Parents must receive information about deafness in general and about the immediate and long-term implications for their child and family. At the same time, parents should receive counseling and support as they work through their own adjustment to the presence of deafness in their child. Simultaneosly they should be developing skills related to the proper fitting and care of hearing aids, the provision of intellectually and socially stimulating environments, and perhaps the adding of a manual form of communication to the family's repertory (Moores, 1987).

Early intervention, as noted previously, incorporates services to children as well as those programmatic activities designed for parents of young deaf children. As a result, the majority of parents favored early intervention programs to promote their children's cognitive and social development.

The promotion of social and emotional development means helping children to develop a healthy personality. Numerous attempts have been made to describe the attributes of a healthy personality. Even so, a review of the literature reveals that many educators turn to the work of Erikson (1963, 1971) for an explanation of the development of personality.

Although Erikson (1971) uses the same eight stages to describe the emotional development of all individuals, he acknowledges the uniqueness of each individual within a range of healthy behavior:

"It is not all or nothing: trust or mistrust, autonomy or doubt.... Instead, each individual has some of each. His health personality is determined by the preponderance of the favorable over the unfavorable, as well as by what manner of compensations he develops to cope with his disabilities" (p. 122).

A teacher's acceptance of the uniqueness of each child's response to the daily environment fosters the development of a healthy and happy personality. Simply mixing handicapped children will not ensure social interactions, or imitations between members of the two groups. Social interactions must be planned (Guralnick, 1978). Teachers who work with young handicapped children must be prepared to accept those "unpleasant" behaviors exhibited by all young children.

The effects of hearing impairment - especially if severe and present from birth - are so complex and pervasive that special techniques, materials, and people are indeed called for. It is perhaps impossible for a person with normal hearing to fully comprehend the immense difficulties faced by a deaf child trying to learn and develop academic and social skills (Snell, 1984).

According to Moores (1985), four conditions appear to be most closely related to the academic success of hearing impaired students:

1. The severity of the hearing impairment
2. The age at the onset of the hearing loss
3. The socioeconomic status of the parents
4. The hearing status of parents

Hearing impaired children - even those of superior intelligence and abilities- are at a great disadvantage in acquiring language and academic skills. When standard measures of reading and writing achievement are used with deaf students, examiners typically find that the students' vocabularies are smaller and their sentence structures are simpler and more rigid than those of hearing children of the same age or grade level (Meadow, 1980). However, caution should always be used in comparing the test scores of deaf and hearing children. Geers(1985) notes that the relatively poor performance of deaf children on tests that were normed on hearing children has led teachers to expect too little of these children. For many deaf children "it is more informative to define their strengths and weaknesses in relation to other hearing impaired children than in relation to their age mates with normal hearing" (Geers, 1985, p.57).

Deafness "imposes no limitations on the cognitive capabilities of individuals" (Moores, 1987). The problems that deaf students often experience in their education and adjustment may be largely attributable to a bad fit between their perceptual abilities and the demands of spoken and written language (Hoeman & Briga, 1981).

Impaired hearing can also influence a child's behavior and social-emotional development. Research has not provided clear insights into the effects of the hearing impairment on behavior. However, it appears that the extend to which a hearing impaired child successfully interacts with family members, friends and people in the community depends largely on the attitudes of others and the child's ability to communicate in some mutually acceptable way. Deaf children of deaf parents are thought to have higher levels of social maturity, adjustment to deafness, and behavioral self-control than do deaf children of hearing parents, largely because of the early use of manual communication between parent and child that is usually found in homes with deaf parents. In the opinion of Schlesinger (1985) and other psychologists, "Most deaf parents welcome their deaf children and are not rendered powerless or helpless by them" (p. 108).

Feelings of depression, withdrawal, and isolation are frequently expressed by hearing impaired persons, particularly those who experience adventitious loss of hearing (Meadow- Orlans, 1985). A study of more than 1,000 deaf adolescents who were considered to be disruptive in the classroom (Kluwin, 1985) found that the most important related factor was reading ability; that is, who were poorer readers were likely to exhibit problem behaviors in school. Some observers have noted that deaf people often tend to associate primarily with other deaf people; this may be mistakenly viewed as clannishness (Connor, 1986). Certaily, communication plays a major role in any person's adjustment.

In summary, it can be stated that deaf preschoolers have more social-emotional adjustment problems than hearing children. When deaf children without overt or serious problems have been studied, they have been found to exhibit characteristics of rigity, egocentricity, absence of inner controls, impulsivity, and suggestivility (Meadow, 1980). The deaf maybe somewhat self-centered because they lack understanding of the emotions of others that are communicated by language (Sanders, 1980). Deafness itself does not cause emotional problems or mental illness. If present from early childhood, however, deafness may create considerable stress and adversaly affect personality development. The efforts of the teacher must follow a consistent pattern: Observe the way the child interacts with others in his/her environment, then provide the experiences and support to build feelings of confidence in herself and trust in others.

Chapter III

Anticipated Outcomes and Evaluation Instruments

Statement of General Goals

The attitudes and behavior demonstrated by a group of deaf and hearing impaired preschool children in the classroom and in the school, at the writer's work setting, were interfering with their learning and interaction processes. A negative environment was developing among the parents, teachers, paraprofessionals and other members of the school community due to the lack of awareness, knowledge and information to understand the social emotional behavior of the group of children. The integration process of the students to the mainstream setting and the quality of their early educational instruments services had been affected.

As a result of this problem, the writer generated the following general goals for her project:

- To promote and encourage the social and emotional quality interaction of the deaf and hearing impaired preschool children.
- To enhance the cognitive-preacademic skills development of the deaf and hearing impaired preschoolers.
- To encourage the teachers and parents' understanding about how adults can help deaf and hearing impaired preschool children to be emotionally and socially well adjusted individuals.

- To guide the parents and teachers to recognize and emphasize the importance of play in the creation of a secure, growth-producing early education experience.
- To enhance the public awareness knowledge among the school community members about the importance of early identification and intervention educational services for the deaf and hearing impaired preschool children.

In summary, this project was designed to increase the social emotional quality interaction of the deaf and hearing impaired preschoolers and to improve the early intervention educational services provided for them at the U.P.R. Elementary Laboratory School.

In a world that is often controlled by sound, the ability to hear and speak is a critical link in the development of human communication. All deaf persons have the right to life, liberty, and the pursuit of happiness and ... this right must be evidenced in ways that meet the satisfaction of the deaf persons themselves rather than that of their teachers and parents, who do not live with the condition.

Adequate support services to this population are essential if they are to achieve integration and gain independence in society.

Behavioral Expectations

The promotion of social and emotional development means helping deaf and hearing impaired preschool children to develop a healthy personality. The teacher acceptance of the uniqueness of each child's response to the daily environment, fosters the development of a healthy and happy personality and the development of positive behaviors.

A current review of the literature readily suggests that investigators have shifted their focus from emphasis on handicapped children's cognitive competence as a predictor of future functioning to concern for social development. Special programming strategies are suggested by them to develop and improve social interaction and pre-academic (cognitive) skills among the deaf and hearing impaired preschoolers.

It is also established that properly trained teachers recognize and actively work toward envolving parents in partnership of responsibility for their child's development. One of the first steps in bridging a link between the school and home is for the teacher to recognize the emotional needs of the parents with handicapped children. The development of strategies to satisfy these needs, as well as others, such as information, guidance, and support, are necessary to promote the optimal social-emotional behavior skills among their children.

The ability and attitude of the teachers appear to be the most important factors in the success of an integrated program. To fulfill their multifaceted role, teachers are expected to develop the necessary competencies to work with deaf and hearing impaired preschoolers in a successful mainstreaming program. They must complete specialized training programs and meet the certification standards established by the states and by national professionals organizations.

The social-ethical arguments seek to discourage a negative view of handicapped children. Inclusion of these children in programs of nonhandicapped children contributes to altering societal perceptions. Awareness of the community knowledge is necessary for a better understanding about the importance of early intervention services for young handicapped children. An awareness campaign must involve the planning, organization, and distribution of information to the public for the purpose of creating an all awareness of the program.

With this information in mind the writer chose the following specific behavioral objectives:

Objectives:

1. Over the period of nine months all the deaf and hearing impaired preschoolers of the laboratory classroom will demonstrate improvement in their social interaction and visual discrimination skills by responding positively to all the items on the post assessment instruments.

2. Over the period of nine months all the parents of the deaf and hearing impaired preschoolers will satisfy their needs of information, guidance and support on how to promote the optimal social-emotional behavior skills for their children by responding positively to all items on the post questionnaire.

3. Over the period of nine months all the fifteen preschool teachers of the Elementary Laboratory School will indicate increased awareness of their competencies to work appropriately with deaf and hearing impaired preschoolers by responding positively to all items on the post survey form.

4. Over the period of nine months all the faculty, paraprofessionals and parents of the Elementary Laboratory School will indicate increased awareness of their knowledge about the importance of early identification and intervention in the education of young children at risk by responding positively to all items on a post conference survey.

Evaluation Procedures

Since the focus of this project was to increase the opportunity for quality social-emotional interaction of deaf and hearing impaired preschoolers and to improve the early intervention educational services provided for them at the U.P.R. Elementary Laboratory School, the writer proposed the following strategies to measure her behavioral objectives:

- The first objective was measured by retesting the students the Child Skills Checklist (Appendix F) and the Meadow-Kendall Social-Emotional Assessment Inventory Pre-School Form (Appendix G), in order to determine the improvement of their social interaction skills. A diagnostic informal test (Appendix J) was administered to measure the improvement of their preacademic visual discrimination skills after their participation in the program "Learning through Play" (LTP).

- The second objective was measured using a Parents' Needs Assessment post questionnaire (Appendix K) to measure how their information, guidance, and support needs were satisfied after their participation on the "Parents as Teachers Program".

- The third objective was measured by using two instruments. The first one, A Teachers Post Survey Form

Instrument (Appendix L), to measure the improvement of their competencies to work with deaf and other handicapped preschoolers. The second one, to measure the participants' reactions to the videotaped sessions and pannels presented on the program "Topics in Early Childhood Special Education" (Appendix M).

- The fourth objective was measured using a Post Conference Survey Form (Appendix N) to determine the increased awareness knowledge of the parents, teachers, paraprofessionals, and other members of the school community about early identification and intervention educational services for the deaf and hearing impaired preschool children, after their participation on the program "Recognizing Special Education Needs: from Child Find to program evaluation", and after the distribution of the printing materials distributed.

The instruments used to measure the objectives of the project were constructed by the writer. All of them were written. Some of the questions are open-ended. All of them had to be answered individually (Appendices F,G,J,K,L,M, N, and O).

The writer collected enough data in order to determine how the strategies used in the solution of the problem contributed to improve and modify the participants' knowledge and competencies.

The information gathered through the instruments used by the writer contributed also to measure her behavioral objectives.

Mechanism for Recording Unexpected Events

When the writer planned the project she had to make provisions for unexpected occurrences. In order to accomodate unexpected events, the writer kept a weekly log (Appendix O) for each day involved in the project. The log contained a summary of the successes and failures occuring during the week, as well as any parent or professional concern regarding the proceedings. The logs were reviewed each week in an effort to ensure that all the participants receive the attention required in order to satisfy their own needs.

The implementation of this practicum included a number of strategies in order to increase the social-emotional quality interaction of the deaf and hearing impaired preschoolers and the early intervention educational services provided for them at the U.P.R. Elementary Laboratory School. It was quite likely that one particular strategy was more successful and better-like by the parents than another. Therefore, the writer kept a rating scale (Appendix P) for each strategy used with the participants. In this manner, the writer avoided strategies which were not succesful in a particular time, while concentrating on those strategies that can be met with the greatest success.

Chapter IV

Solution Strategy

Discussion and Evaluation of Possible Solutions

Early detection of hearing loss and early intervention with the hearing impaired child and the family are generally recognized as critical. Many schools, speech and hearing clinics, and other agencies provide educational programs for preschool children. Usually the child's hearing is tested, an amplification aid is provided and the program emphasizes communication with adults and other children. Parent groups and home visits are an important part of a preschool program; through these efforts parents may be helped to communicate with their child more effectively. A hearing impaired child who receives no specialized assessment, amplification or training until the age of 5 or 6 will undoubtedly be at a great disadvantage in communication and general development.

Educational programs for hearing impaired children in local public schools have expanded in recent years, in respond to federal legislation, improvements in hearing aids and other technology, and an increased demand by parents and deaf citizens for services at the local level (Davis, 1986). Hearing impaired children in regular schools may attend self-contained classes or may be integrated with nonhandicapped children for all or part of the school day. Quigley and

Paul (1986) report that about 45% of hearing impaired students are integrated into regular classrooms to some degree; most of these students have average hearing losses of less than 90 dB. According to Davis (1986), the most important ingredients for the hearing impaired child's success in the regular school are (1) good oral communication skills, (2) strong parental support, (3) average or above average intelligence, (4) self-confidence and other personal qualities, (5) adequate support services, such as tutoring, audiological consultation, and speech therapy, and (6) competent teachers.

The specialized needs of children with severe hearing impairments make special services necessary in virtually all cases. In an integrated public school setting, special services for a hearing impaired child may include:

- smaller class size
- regular speech, language, and auditory training instruction from a specialist
- amplification systems
- services of an interpreter if the child uses manual communication
- special seating in the classroom to promote speechreading
- captioned films
- good acoustics and reduction of background noise
- special tutoring or review sessions

- someone to take notes in class so that the hearing impaired student can pay more constant attention
- instruction for teachers and nonhandicapped students in sign language or other communication methods used by the hearing impaired student
- counseling

Technological advances are already having a significant impact on the educational programs of many hearing impaired students. In addition to the sofisticated techniques now used to detect hearing losses and to make use of even slight amounts of residual hearing, a number of devices known as speech production aids help deaf persons monitor and improve their own speech (Calvert, 1986). Microcomputers are also being used increasingly in language and academic instruction of hearing impaired students. Prinz and Nelson (1985), for example, describe a successful microcomputer program that uses pictures and representations of ASL signs to improve deaf children's reading and writing skills; Tomlinson-Keasey, Brawley and Peterson (1986) report that an interactive videodisc system helped deaf students make significant progress in language skills and also increased their motivation.

Several recent publications (Dale, 1984; Lynas, 1986; J.Z. Orlansky, 1979; Webster & Elwood, 1985) provide helpful guidelines, practical suggestions, and descriptions of programs that have successfully integrated hearing impaired students into regular classes.

The benefits of early intervention services (Moores, 1987) have led to mandated services for handicapped children 3-to-5 old age. The implementation of these early childhood programs is a multifaceted process that requires translating the new legislation and policies into operating procedures. If public school programs for handicapped preschoolers are to succeed, the support of administrators, regular and special education personnel, related service personnel, paraprofessionals and parents is necessary.

This preschool program is unique because of the very nature of the developmental level and needs of the child. The wise educator will recognize this uniqueness and take the time to develop a thoughtful and clear plan for implementing such a program.

The available evidence suggests that the condition of deafness imposes no limitations on the cognitive capabilities of individuals. There is no evidence to suggest that the persons think in more concrete ways than the hearing or that their intellectual functioning is in any way less sophisticated. As a group, deaf people function within the normal range of intelligence, and deaf individuals exhibit the the same wide variability as the hearing population.

It has been documentated that the majority of parents with no prior exposure to deafness tend to restrict the children's social and physical experiences. It is the school responsibility to encourage them through a competent program.

Since Public Law 94-142 was passed in 1975, there has been a profound change in the way special education works. A trend is toward mainstreaming children into educational settings that do not restrict them from normal social and educational opportunities. There are diverse opinions: Kaufman, Gottlief, Agard, and Kukic (1985) define mainstreaming as "the temporal, instructional, and social integration of eligible exceptional children with normal peers on an ongoing, individually determined educational planning and programing process".

Bricker (1986) identified rationales for the integration of handicapped and non handicapped preschoolers. They include social-ethical arguments, legal-legislative arguments. From the social-ethical perspective, integration may facilitate the acceptance of handicapped children by their non handicapped peers. Voeltz (1980), for example demonstrated that contact with severily handicapped students resulted in improved attitudes by their non handicapped peers. Nonhandicapped children also became more realistic of their perceptions regarding the abilities of handicapped children. Integration also prevents negative effects of segregation into special programs, such as labelling young handicapped children "as the slow group". Finally, the normalization principle described by Wolfensburger (1982) advocates, "utilizations of means as culturally normative as possible, in order to establish and/or maintain personal behaviors which are as culturally as possible". A complete lack of non handicapped peers is culturally abnormal situation.

The most obvious legal-legislative guidelines for mainstreaming are found in Public Law 94-142 which states that public school programs must educate handicapped children with non handicapped in the least restrictive enviroment, according to each child's needs. This mandate implies that all children have a basic right to interact with non handicapped persons.

Psychological-educational arguments are based on the premise that integrating handicapped and non handicapped children may be therapeutic or educational benefit for the former. Bricker (1986) suggests several reasons for this assumption. According to Piaget (1963), children need demanding environments to grow and learn; non handicapped peers may create a more demanding enviroment. Non handicapped children may also serve as models for handicapped preschoolers. Imitation can be achieved with positive benefits with appropriate planning organization and structure. Non handicapped peers may serve as formal and informal tutors. From an informal perspective, non handicapped children can appropriately adapt their behaviors to the level of handicapped children. For example, Gualnick and Paulbrown (1977; 1980) demonstrated that non handicapped preschoolers adjusted their speech to the level of handicapped children. Non handicapped children have been formally trained to tutor handicapped children in a structural learning environment.

Despite the sound rationale for integrating handicapped and non handicapped preschoolers, relatively few mainstreamed early childhood setting exist. At least 10% of all children served by Head Start must be handicapped, but most are mildly retarded or have speech or language delays. The moderately or severely handicapped preschooler is typically served in a self-contained developmental day center designed to meet the needs of handicapped children, with little or no planned interactions with non handicapped children. Why is mainstreaming the exception rather than the rule? Tawney (1981) cites several problems. Regular early childhood educators are usually not trained in teaching techniques for developing approproppriate programs for handicapped youngsters. Many regular teachers may also have negative attitudes toward handicapped children or resent their instruction. The same may be true for parents of non handicapped children. In addition mainstreaming requires a technology of teaching that has not yet been adequately developed. Often the discrepancy in skill levels of handicapped and nonhandicapped children makes planning meaningful activities for all children difficult. Sometimes mainstreaming has been accomplished by dumping handicapped children into regular environment without adequate planning or preparation, creating negative attitudes in everyone.

Integration of handicapped and non handicapped youngsters should still be attempted despite the barriers. As Safford and Rosen (1981) suggest, "mainstreaming means providing experiences most likely to ensure that handicapped children can realize maximun potential for full participation in society and independence of functioning". Without classroom experiences, mainstreaming outside the classroom environment may not occur.

Mainstreaming handicapped preschoolers is not an easy task. Several authors such as Blacker-Dixon, Leonard, and Turnbull (1981) have suggested general guidelines to increase the likelihood of successful integration. They conclude that several elements are critical to successful early integration: physical and cognitive adaptation of the classroom to incorpoarate handicapped children, provision of multisensory learning stimuli and experiences, incorporation of child strengths and weaknesses in the development of curriculum, promotion of peer tolerance and acceptance of all children, some focus on independence and exploration of the environment, and promotion of social interaction. Adequate teacher preparation is also essential and should address attitudinal as well as instructional concerns.

Many other factors influence the effects of mainstreaming handicapped and non handicapped children. These include the number and type of children involved, the severity of the handicaps, the ages and developmental levels of children, the goals of the program, and the training of the teachers. Because of the diversity of influencing factors, considerable research is needed to predict which type of program will be best for facilitating the development of given handicapped children (Guralnick, 1981).

Simply mixing handicapped and non handicapped children will not ensure social interactions, or imitations between members of the two groups. Social interactions must be planned (Guralnick, 1978). The severity of the child's handicap is also correlated with the amount of social interaction with non handicapped children. The more severe the handicap, the lower the percentage of social interactions with non handicapped children (Guralnick,1981). In addition, the more severe the handicap, the less the child will likely benefit from integration.

Delayed communication skills in hearing-impaired children also serve to limit interactions. Vandell and George (1981) observed dyads of hearing and deaf preschoolers and found that number and length of interactions observed were greater in like (deaf-deaf or hearing-hearing) dyads than mixed dyads. In both situations deaf children were observed to make frequent and persistent social imitations. However the imitation attempts of deaf preschoolers were more likely to be actively refused by the hearing child. The authors also observed many instances when social initiations were made toward the deaf child but the deaf child could not receive them (gestures or vocalizations behind the child's back). Thus the hearing impaired children often were not sble to respond to others attempts at social interactions.

The hearing impaired individual is often at a serious disadvantage when interacting with others. The individual may suffer from a poor sense of identity and find relationships with similarly impaired individuals more satisfying. Visual and tactual senses become mandatory for functioning in the environment, and the difficult task of interacting with others may prelude relationships with any but the profoundly deaf (Moores, 1982).

Deaf preschoolers have more adjustment problems than hearing children. When deaf children without overt or serious problems have been studied, they have been found to exhibit characteristics of rigity, egocentricity, absence of inner controls, impulsivity, and suggestivility (Meadow, 1980).

The adjustment of deaf adults was studied in New York state (Baroff, 1982), Deaf individuals were found capable of establishing effective personal contacts. Seventy five percent of those interviewed claimed they had close friends, and a higher percentage reported being with others on a social basis at least once a week. Almost half reported having hearing as well as deaf friends; one third of deaf individual interviewed, however, felt that hearing people had negative feelings toward them.

The deaf may be somewhat self-centered because they lack understanding of the emotions of others that are communicated by language (Sanders, 1980). Deafness itself does not cause emotional problems or mental illness. If present from early childhood, however, deafness may create considerable strees and adversaly affect personality development.

In a review of investigations of social maturity of deaf children, Myklebust concluded that they are often less mature than hearing children (Myklebust, 1964). This appears to be the result of the higher levels of social competence required with advancing years, and deaf children's difficulty in attaining self-help and self-direction skills needed to meet this levels. According to Myklebust, deaf individuals may manifest fifty to twenty percent less social maturity than do hearing individuals (Moores, 1983).

Involving parents in the evaluation of their children is very important. It helps to understand the parents' view of the child developmental level and educational needs. Active parent involvement also enhances the probability that the parents will understand the information they receive. Parents should have the opportunity to share information with educators and to receive information and interpretations from them. They should also be assured of the strict confidentiality of this information.

Facilitating parent child interactions is an important, but complex responsibility of the early childhood special educator.

No simple solution exists, in part because the needs of each family are unique and must be met in a variety of ways. The fundamental need is to help children and parents respond to each other in an enjoyable and meaningful fashion.

The challenge is exciting. Appropriately preparing individuals with severe disability, as deaf preschoolers are, with the academic, social, emotional, and vocational skills to function in a society, is a complex process. It requires innovative efforts by family members and professionals working toward shared goals. The possibilities are boundless, and the benefits for persons with disabilities are unlimited if energies and imaginations are applied together in a partnership of progress.

Family stress should be focused on and minimized. High levels of stress in families are associated with child abuse and neglegt. Violence is only one of many possible responses to stress (Levin, 1985). Why some parents respond to stress with agression while other parents respond by copying, with passivity, resignation, or avoidance is not fully understood but is a demanding role. The demands are increased by children who have special problems such as motor, social, sensory, or cognitive handicapping conditions. For some parents, their child's problems become a source of naging stress

(Tower, 1984). Clearly, the early childhood special educator can and must play a significant part in the prevention, early identification, and treatment of child abuse and neglect. Their comprehensive knowledge of child development and their keen sense of observation provide them with the necessary tools for early detection. Their ability to facilitate children's development is a key ingredient in ameliorating developmental delays resulting from maltreatment, and their commitment to universal parent education can be a potent preventative service (Skoblinsky, 1984).

The parents should be prepared to manage their handicapped children's behaviors. The children should work better because they could receive attention and assistance, rather than rejection. They should develop appropriate competence in copying with the problems they have. Parental stress and anxiety could be handled more appropriately.

In conclusion, a review of the literature has shown to the writer how the changes brought on by the transition of a handicapped child to a new educational setting mark the begining of a long association between parents and professionals.

This changes brought on by transition produce stress in the family. The stress could be minimized when families are more aware about what the future holds for their handicapped children.

Mainstreaming children into educational settings is one of the requirements of Public Law 94-142. There are diverse opinions about this integration strategy, because simply mixing handicapped children and non handicapped children does not ensure social interactions between them. The more severe the handicap, the lower the percentage of social interactions with non handicapped children.

The direct involvement of parents in decisions affecting their children is essential in order to facilitate the transition to a mainstream setting. It is a team work effort between the child, the parents, the professionals and the community resources available.

Research in developmental psychology has demonstrated that parents and infants influence the behavior of each other in distinct, reciprocal ways. Through this interactions parents learn how to elicit certain social and affective behaviors from their child and consequently gain greater confidence about their personal competence; similarly, children learn that their behavior leads to predictable outcomes, thus their patterns of smiling, crying, activity, and so on, are reinforced.

Early intervention programs and preschool curricula now play great emphasis on the involvement of parents in classroom and in their young child's therapy.

On August 26, 1981 the Secretary of Education Bell created the National Commission on Excellence in Education. It was the purpose of this Commission to examine the quality of education in the United States and to make a report to the nation with recommendations for educational improvement. Among the charges for the Commission was the need to assess the degree to which major social and educational changes in the last 25 years have affected student achievement and to define problems which must be faced and overcome in pursuing excellence in education. The final report contained the following words to parents:

> You have the right to demand for your children the best our schools and colleges can provide. Your vigilance and your refusal to be satisfied with less than the best are the imperative first step. But your right to a proper education for your children carries a double responsibility. As surely as you are your child's first and most influential teacher, your child's ideas about education and its significance begin with you. You must be a living example of what you expect your children to honor and emulate. Moreover, you bear a responsibility to participate actively in your child's education (A Nation at Risk, 1983, p. 35.)

Until recently, intervention programs for handicapped children have focused almost esclusively on the child. Within the past decade, however, parental involvement has been recognized as a necessary component of early intervention. Unfortunately, this recognition has not always been translated into meaningful interactions with families. Typically, teachers are untrained in techniques for working with parents and consequently have had to learn such skills through on-the-job experience and to trial-and-error interactions.

There has been considerable effort to involve parents in education, and multiple solutions to the problem of how to achieve a home-school link have been generated. These include:

1. Information exchange: newsletters, monthly activities calendar, information packets (Hymes, 1953; Filipczak, 1977; Beale, 1985).
2. Orientation Meetings (Filipczak, 1977).
3. School support: classroom voluteers, aides, tutors, resource persons, parent room volunteers (Gordon, 1976; Filipczak, 1977; Beale, 1985).
4. Reporting progress: conferences (Filipczak, 1977; Hertel, 1977; Cervone & Leary, 1982).
5. Policy/decision making: advisory boards (Caplan, 1975; Gordon, 1976; Filipczak, 1977).
6. Special events (Hymes, 1953; Caplan, 1975; Cervone & Leary, 1982).

7. Parent education: discussion groups, parent training, rap sessions (Hymes, 1953; Caplan, 1975; Filipczak, 1977; Honig, 1979; Cervone & Leary, 1982; Winter, 1985).
8. Home visits (Caplan, 1975; Filipczak 1977; Honig, 1979; Winter, 1985).
9. Home based instruction: homework helpers, make-it-take-it workshops, parent briefing sessions, summer reading packets (Cervone & Leary, 1982~~; Beale~~, 1985, Rich, 1985; Winter, 1985).
10. Lending libraries (Caplan, 1975; Honig, 1979; Winter, 1985).
11. Observation and participation (Hymes, 1953).

Cervone and Leary (1982) argued that involvement formed a continuum of passive to active participation. Most involvement was passive; that is, actions that included reporting progress, notes, phone calls, newsletters, conferences, and home-school notebooks. More active participation included special events like Open House, PTA functions, and physical education or music programs. However, the most active participation and participation producing the greatest benefits for both parent and child included parent education programs (courses for parents, parent-parent meetings, classroom observations, workshops on topics of interest, lending libraries, etc.). Gordon (1976) had also concluded that parents were more an audience, to be informed by the school about activities or asked to visit the school as bystanders or observers. In all cases, programs that were the most effective seemed to be those that promoted parents as active participants with the child.

In the early 1950's, organized federally funded programs began to research and evaluate the various roles of parents in relation to the education of young children. Efforts were made by teachers, parents, community, and researchers to influence the educational environment and experiences in ways that fostered achievement. During the 1960's there was an emphasis on reaching out to the home, and parents were asked to involve themselves in policy and program decision-making activities. Although most programs involved parents with preschool aged children, there were several that included early elementary grades.

In 1966, Gordon began training low income women to go into homes as parent educators and teach mothers how to interact more with their children. This project, Early Childhood Stimulation Through Parent Education, emphasized the role of the mother in sensory-motor development. In his 1968 progress report of this effort, Gordon stated, "From infancy on, a child's most important teachers are his parents. It is not surprising, then, to find that recent studies of early educational programs have proved them to be of significant benefit to children in later school years only if the child's parents were involved in the experience" (p. 1).

Gordon later expanded the parent role in his Follow-Through Model (K-3) developed at the Institute for the Development of Human Resources at the University of Florida, Gainesville. The program was based upon the assumptions that attitudes toward education were learned primarily at home and thus the home was a central place for learning; that parental behavior and the quality of verbal stimulation had a strong influence of the intellectual and personal development of the child; that the parents self-esteem, attitudes toward school, expectation for success and provisions of experience influenced a child's performance, attitudes and self-esteem; that children learned best when their own subculture was respected; that parents gained self-esteem and feelings of competence when they saw themselves able to teach their children, to teach others, and to function as decision-makers in all aspects of the program; and that when parents were actively involved in education, they would continue to enhance the child's growth and their own activity even after the program ended (Gordon, 1975).

The thrust of the program was to educate parents to use skills that would improve their child's intellectual behavior, self-esteem, and motivation, and parents were encouraged to design learning activities to use with their own child. Parent educators helped parents to estimate the ability of their child and to identify individual needs, to understand the purpose of each learning task, and to teach it to their children. Included in the program were weekly home visits. In addition, parents were also urged to participate as volunteers, attend discussion groups, and serve on advisory councils. In 1976, Gordon concluded that in order to have parents become active teachers at home, educators needed to help parents learn more effective ways of working with their children. "Not only are all parents teachers of their children, but all parents are learners in improving their ways of working with their children" (p. 7).

Another early childhood program with a parent involvement emphasis was The Cognitive Curriculum developed by Weikart in Ypsilanti, Michigan. This preschool through grade three program was based upon the developmental theory of Piaget and was designed to teach cognitive or thinking skills. One of the program objectives was to involve the parents in the teaching process by giving them background knowledge about their child's educational needs so that they could supply educational support by implementing the curriculum on a one-to-one basis with the child at home. The home visit component was designed to involve parents in the children's educational development and to extend school activities on an individual basis. The developer stated, "From such a rapport will follow the opportunity to provide help and support in coping with the learning problems of the children. The parents hopefully will begin to use the school for guidance and this will signify an important change in their attitude....Bringing about such a change in attitude will in turn be a significant factor in helping the parents assume an active role in support of their children's intellectual growth" (Far West Laboratory for Educational Research and Development, 1971, p. 22).

In 1976, Lehane and Goldman recommended what they called an adaptive model for individualizing young children's learning in school and in the home. They proposed that teachers could instruct parents on how to take advantage of the learning potential of the school and the home by showing them how everyday experiences could be converted into learning experiences. In this way the home became supportive of the school curriculum and children received additional reinforcement.

School systems also used various methods of actively involving parents. In Seattle Early Childhood Education Centers(K-2), a teacher was hired to teach parents how to help their own children using educational games. The program provided parents with specific techniques which they could learn to use with their children, and home visits were arranged for parents who could not come to school. In Jacksonville's *Learning to Learn* program, parents of kindergarten and first grade children were shown video tapes to teach them how classroom behaviors, relationships, and curriculum were related to children's learning.

Presently, in eleven communities around the United States, approximately 6,000 third graders, their teachers, and parents are participating in a National Education Association project aimed at linking home and school "more closely than ever before" (Clayton, 1985, p. 11). The project, called The Home and School Institute, provides a series of twelve skill development activities that families can complete at home. The activities are designed to help children build better study habits, increase self-discipline, and sharpen their ability to think and reason. More importantly, the activities promote a sense of cooperation between the parents and the child's teacher who stays in close contact to offer guidance and assess progress.

Several points should be made about working with families:

First, dealing with parents requires sensitivity and understanding, and cannot be learned by reading a book or listening to a lecture. It takes experience, maturity and sensitivity that can only be developed through face-to-face interaction.

Second, few parents are adequately prepared to raise a handicapped child. They may be under considerable pressure and stress. It is necessary to help parents by identifying strategies for reducing stress.

Third, parents have legal rights as consumers of public educational services, and the educators must serve as both an informer and an advocate of those rights. Parents can participate in planning and implementating the child's intervention program.

Fourth, parents of handicapped children have the same life goals as all parents. Unfortunately, the presence of a handicapped child sometimes stigmatizes all members of family. Parents of handicapped youngsters are no different from those of typical children. The educator must listen, learn, and interact naturally with parents, and show a genuine interest.

Fifth, parental involvement must be individualized. Each family has its own unique needs and a predetermined set of services cannot meet each situation.

Early intervention programs can help parents cope with stress. Such programs should focus on identifying and predicting existing or potential sources of stress and planning strategies to deal with problems as they occur. The early childhood special educator should initially assess existing and potential stress and support systems for each family.

Assessing stress requires the consideration of a number of factors. In general, stress should be interpreted within the developmental context of each family, Mc Keith (1983) suggested that four crisis periods exist when families need strong support systems: when parents first become aware that their child is handicapped, when the child becomes eligible for educational and the parents must begin to face the level of disability, when the child leaves school, and when parents are aging and cannot assume responsibility for their child's well-being.

Support of parents after a transition process is important. Taylor and Hall(1980) suggest that a secure bond between parent and child cannot develop until parents have an opportunity to work through their initial grief. "To accomplish this, we encourage parents to express and discuss their feelings of fear, anger, guilt and sadness between themselves and with us, and let them know that their feelings are shared by most parents of premature and sick babies." The communication process is very important. Taylor and Hall suggest principles for insuring appropiate communication with parents:

1. Determine and address the parents' perceptions.

2. Begin each discussion by listening to the parents' perceptions of their child's condition and of what they have been told.

3. Check frequently during discussions to determine the parents interpretations of what they are hearing and modify input as indicated.

4. Do not lecture.

5. Avoid information overload, statistics, vivid modifiers.

The stress and needs of each family vary according to a number of situational variables. Although the special educator's ability to alter stressful situations may be limited, the knowledge of community resources may allow the educator to make helpful recommendations. Providing parents with a name and indicating this as a familiar, supportive individual will alleviate some of the stress in seeking needed services.

Other services can be provided or facilitated by the organization of a team of specialists to help parents cope. Perhaps the most important strategy is to work as an ally of parents (Mindes, 1982). Parents need time and attention so they can talk about their problems and accomplishments.

Another important strategy is participation in support groups. Often parents of handicapped children feel alone and isolated. Meeting others who have handicapped children helps parents to realize that they are not alone. Families under similar circunstances can be a source of support and strength and can share suggestions for coping with particular problems. Support groups often achieve objectives in the community that no individual can accomplish. Wandersman et al. (1980) suggest that support groups help create an atmosphere of trust, caring, and mutual aid; offer opportunities to share feelings and experiences; enable the parents to attain reinforcement and empathy; and provide a reference group so parents can more accurately evaluate their status and performance.

Delaney (1980) described a model program for fathers of infants. Fathers attend a two hour week class where they can discuss observations and topics of interest and have a music and exercise period, a snack, a guest speaker, and a preview and planning of the next weeks' activities.

Parents continue to be involved in the social emotional development of their children through educational experiences. This involvement provides a base for the child to expand his social world to others. Parental involvement can also help insure more apropriate education for children by specifying goals and identifying appropriate intervention strategies, increasing the likelihood of generalition into the home, and bringing about intervention efforts. In addition to provide information to parents, intervention programs can use parents as teachers. As teachers they can motivate children, can reinforce newly acquired skills at home, and can provide valuable information for others working with the child.

Rutherford and Edgar (1979) suggest that the joint determination of goals is important for rewarding and succesful parent involvement in the classrom. Using parents merely as aides or for cleanup may be necessary at times but is not very rewarding.

Substantial literature existes describing how parents can teach their young handicapped children (Woley, 1979). However, as Witon and Turnbull (1981) point out, many parents prefer not to function as teachers of their own children. Further, some are unable to devote substantial time to teaching activities because of their commitments and responsibilities and yet may be actively involved with their child without engaging activities. Even though they may not function as teachers, most parents are sincerily concerned about their child's learning, and should be involved in the assessment process and decisions.

Jenkins, Stephens, and Sternberg (1980) describe several strategies for meeting the information and training needs of each parent.

Individualized training may be home, media or center based and is designed to meet the unique needs of each family. A program representative serves as a contact person with the family; conducts an individualized assessment of information and training needs. While indivualized training is flexible and relevant to the needs of the indvidual, it is expensive and time - consuming.

Restrictive group training involves the provision of a limited number of group training sessions. Group training is economical and provides an emotional support system with other parents of handicapped children. Jenkins et al. (1980) suggest that problems include practical obstacles such as babysitting and transportation, difficulties in prioritazing each family's need, and the inabilty to deal confortably with individual problems in a group seeting.

Continuos group training is held more frecuently than restrictive group training. Weekly sessions focus on clasroom activities and problems. Continuous training allows for the presentation of more information and fosters an effective communication exchange among parents and teachers. The disadvantages are similar to restrictive group training. In addition many parents may not be able to devote so much time to the child's preschool program.

Many preschool programs use a resource center so teachers and parents obtain information to meet individual needs. (Jenkins, 1980). A resource center should contain reading and audiovisual material on handicapping conditions and on topics such as self help skills, siblings and behavior management. Materials should cover a range of reading skills and should be catalogued for easy reference. The room should also contain a resourse directory for community services, the names and phone numbers of contact persons, and resources for obtaining additional materials and information. The room could include a library of toy's book, and other materials that can be checked out and taken home. Finally, supplies and equipment should be available so teachers and parents can make and design teaching materials either on their own or from suggestions and written instructions.

A review of the literature points toward a variety of descriptions of teacher-parents resource centers. In some instances, these centers have been described as places where teachers and parents communicate with each others (O'Brien, 1987); as information sharing networks that enhance the development of professional competence with little energy input on the part of the teachers (Miles, 1985); and places where a variety of tangible and untangible needs are met: the need for preparing educational materials, for an accesible meeting location, for a private space where the individual teacher could work without being disturbed, for individualized follow-up, for recognition as contributors to the professional field, for praise for professional accomplishments and finally the needs of some teachers to fully develop their potential through writing, researching, developing curriculum and leadership capabilities (Riley and Mort, 1981).

A teacher resource center is both a place and a concept (Zigarmi, 1978, p. 175). It is a place because it is a physical environment where teachers find all sort of material resources, meet to talk about common or particular situations and share a sense of community. But it is also a concept because it embodies the worth of educational professional who assume the responsibility for their own development. Accordingly, a teacher resource center is a multi-phacetic physical and emotional environment where teachers are stimulated to take responsibility for their professional growth. It also provides for the satisfaction of needs that must be fulfilled in order to enhance the self-determined professional growth and the development of strong feelings of self-esteem.

It should be relatively easy to see that an untrained person will not do well in the tasks required. Certain entry levels are necessary to do an acceptable job. Experience, further knowledge, and skills will allow the person to meet the challenges of the position with confidence and competence.

Walker and Hallau (1981) recommend continuous in-service training for the early childhood special educator because he/she must have a broad knowledge base and diverse skills. As a good foundation, according to the researchers, the teachers must know where to seek needed information or skill-building experiences.

O'Connell, J.C. (1986), emphasizes that teachers can be encouraged to develop task analyze skills, provide practice opportunities, use systematic behavior management techniques, collect data and evaluate student progress.

Burnstein (1986), suggests that teachers can be directed to become social engineers who can help young children play appropiately with others, as a means toward ensuring the development of acceptable social skills.

Carter and Dapper (1984) provide a useful resource for teachers, administrators, or coordinators who become involved in the organizational aspects of a volunteer program. They present a broad overview offering a variety of approaches to the details of an effective program.

Mc Kenzie and Houck (1986) outline a four step placement process that allows three different goals to be accomplished:

1) determination of suitable and unsuitable teacher-paraprofessionals teams; 2) development of clearly stated job descriptions; and 3) identification of areas in which the paraprofessionals may require further training.

Zantal-Wiener (1987) suggests that if public school programs for handicapped preschoolers are to succeed, the support to administrators, regular and special education personnel, related service personnel and parents is necessary. A public awareness campaign is needed to challenge this succeed.

Yamamoto (1987), suggests that a well-conceived delivery system must be designed. It must incorporate effective evaluation and family involvement in the diagnostic process, as well as special instruction, taking into account the children's typical developmental needs and behavioral problems. Professional and parental teamwork must be planned for and nurtured in the program design.

Sargent (1987), Linder (1983), establish that the most significant variable in determining the success of a program will be the staff. They have to be properly trained in order to take effective decisions. Effective decisions are the result of a systematic process that requires skill and knowledge of what is involved in order to meet the needs of a child and family not only in their immediate future, but also in the years ahead.

Beale and Beers (1982) point out that parent training is an integral part of a successful home-school management program. According to them there are three broad categories from which to work with parents: 1) parent education, 2) parent involvement and 3) parent-teacher communication.

Winton and Turnbull (1983) found that parents preferred frequent informal contacts with the teacher. Teachers should be aware of the importance of informal contact made at arrival and departure times and should be available to talk with parents. Teacher aides or paraprofessionals should also understand the importance of these times and should be trained to interact appropriately with parents.

If parents do not pick up their children at school, teachers should send information home daily on the child's present and planned activities as well as problems or achievements. Such information can be provided through a short note or by sending samples of the child's work with comments regarding goals for the activity.

In summary, the ideal early intervention program should encompass a variety of options, allowing the participants to determine their own level of involvement. Training should be presented as a positive option. Parents' needs for information will change as the child grows and encounters new situations. A good preschool program for handicapped children should adapt its involvement component to meet the changing needs of families and school community members.

and have a music and exercise period, a snack, a guest speaker, and a preview and planning of the next weeks' activities.

Parents continue to be involved in the social emotional development of their children through educational experiences. This involvement provides a base for the child to expand his social world to others. Parental involvement can also help insure more apropriate education for children by specifying goals and identifying appropriate intervention strategies, increasing the likelihood of generalition into the home, and bringing about intervention efforts. In addition to provide information to parents, intervention programs can use parents as teachers. As teachers they can motivate children, can reinforce newly acquired skills at home, and can provide valuable information for others working with the child.

Rutherford and Edgar (1979) suggest that the joint determination of goals is important for rewarding and succesful parent involvement in the classrom. Using parents merely as aides or for cleanup may be necessary at times but is not very rewarding.

Substantial literature existes describing how parents can teach their young handicapped children (Woley, 1979). However, as Witon and Turnbull (1981) point out, many parents prefer not to function as teachers of their own children. Further, some are unable to devote substantial time to teaching activities because of their commit-

Description and Justification of Selected Solution

The specific solution strategies to be implemented during the course of this practicum were drawn from the conclusions already described.

The first step toward a solution was to open barriers to communication between home and school. This was accomplished by the analysis of the data collected from the different instruments administered by the writer.

Once children, teachers, and parents interests and needs were identified, these were shared with the school's administrative team. In this way, the school became involved in the plans for further children-parent-teacher interaction in an effort to ensure the establishing of a successful early intervention educational program for the deaf and hearing impaired preschoolers.

Davis (1986), stated that the most important ingredients for the deaf and hearing impaired child's success in the regular school are good oral communication skills, strong parental support, competent teachers, average or above average intelligence, self-confidence and other personal qualities, and adequate support services, such as tutoring, audiological consultation, and speech therapy. Having this in mind, the writer found that the specialized needs of this children have to be satisfied and that a high quality early intervention program has to be organized in the Elementary Laboratory

School. In planning for this solution the writer considered various strategies from the different areas described in the previous section: the development of appropriate social-emotional skills in deaf and hearing impaired, the improvement of parent-children interactions, the improvement of teachers and parents knowledge and competencies, and the importance of public awareness about early identification and intervention programs for young deaf and hearing impaired preschool children.

The second step toward a solution was to identify the behaviors that the students need to develop in order to have relationships with other children. Because of their learning difficulties some children are not able to see for themselves what behaviors are required to be accepted by others. Several studies (Brown, 1985; Donahue, 1983; Kronick, 1981; Minkoff, 1980) discuss how the learning problems of children can interfere with interactions with other children. For example, children with auditory problems may mishear information and respond inapropriately, and may have trouble knowing which information is important and which is not.

The most helpful efforts in this area begin with the observation of the child (Oden, 1980; Silverman, Zizmond, and Sansone, 1981). The social skills training can be based on real-life situations and will be relevant to the child's immediate situation. Gaylord-Ross and Pitts-Conway (1984) describe the Frisco Interaction Scale which can be used as a guide for observing interactions and determining the type of help a child needs.

The writer prepared a check-list to assess the students behaviors in the classroom. She paid close attention to different aspects of social skills such as eye contact, smiling, being polite, cooperating by taking turns and responding appropriately to questions, being sensitive to the feeling of others, controlling agression and other inappropriate behavior.

From the data collected, the writer implemented a program for children encouraging playing behavior, and social, motor and preacademic skills. She intended to emphasize the crucial role of play in the development of skills leading to cognitive and social competence (Neisworth, 1985).

The third step toward a solution was to work directly with the parents who had to improve their children's behavior. It had been stated that the success of any effort to improve a child's social skills depended on the quality of the communication between the parents and the child. Over the years a number of books have been written to help parents become more effective in communicating with their children. Works by Dreikurs (1972), Gordon (1970), and Dinkmeyer (1983), are examples of these books from which parents may benefit.

Based on the results of the data gathered from the questionnaires about the parents' needs of information, guidance, and support on how to promote the optimal social-emotional behavior skills for their children, the writer selected the areas of parental participation in support groups and parental involvement in their children's educational experiences as a solution to the problem. This portion of the solution was chosen by the writer in order to make the parents conscious that they are not alone and isolated. She organized support group meetings and conferences. During the meetings other parents could be a source of support and strength, could share suggestions for copying with particular problems, and could provide a reference group, so parents could evaluate more accurately their status and performance in their child's education. Also, the parents could improve their knowledge about deafness and about their skills to teach their children at home, participating in the activities programed for these purposes by the writer.

The fourth step toward a solution was related to the area of inservice training and teachers resource centers. The results of the questionnaires administered to the regular preschool teachers of the school community demonstrated their lack of competencies to work appropriately with deaf and hearing impaired preschoolers. As Leher (1986), stated the teachers of the hearing impaired students must complete specialized training programs.

Based on the data gathered the writer organized training and behavioral assistance for the preschool teachers through the creation of a resource center, emphasizing the development of the most critical competencies to the effective teaching of the hearing impaired student.

Various factors have contributed to the creation of teacher resource centers. VanFleet (1979) have indicated that among others, the need for an innovative strategy to deal with the teacher's need for continuing education has been crucial. The field of education has rapidly changed over the years. Consequently, the teachers needed a mechanism that could enable them to keep updated with these changes. A second factor is that teachers are also seeking for ways to control their own in-service education and teachers centers provide a sensible alternative. In the past, some traditional in-services education programs were proven ineffective because they did not foster the psychological involvement of the teachers (Pendergrass, 1980). This lack of involvement was sometimes the result of the teacher's little voices on their process of in-service education. The teacher centers intent to fill these gaps and enhance the teachers' potential to become self-reliant and resourceful professionals.

The last area selected by the writer toward a solution was the public knowledge awareness about early identification and intervention programs for preschool deaf hearing impaired preschoolers and other children at risk. An awareness campaign involves the planning, organization, and distribution of information to the public for the purpose of creating an overall awareness of the Child Find program (Chazdon & Harvey, 1987).

Based on the needs detected by the writer in the school community she organized an effective awareness campaign emphasizing the rationale for screening and early intervention programs.

As a general solution, the writer developed the proposed strategies and the selected areas above mentioned, organizing and implementing an Early Childhood Special Education Resource Center to serve the teachers and parents of deaf/hearing impaired preschool children and other members of the school community. This solution provided the participants the opportunities to develop the competencies and knowledge to assess and manage the preschoolers' social emotional needs helping them to be more emotionally and socially well adjusted individuals.(Appendix Q).

The Resource Center provided reading and audio-visual materials on deafness and other handicapping conditions and on topics such as self help skills, family, siblings and behavior management. Materials covered a range of reading skills and was catalogued for easy reference. The room also contained a resource directory for community services, the name and phone numbers of contact persons, and resources for obtaining additional materials and information. The room included a library of toys, books, and other materials that could checked out and taken home. Supplies and equipment were available so parents and teachers made and designed teaching materials either on their own or from suggestions and written instructions - such as assessment tools, curriculum and so on.

Other services were provided or facilitated through the resource room: 1) the organization of a team of specialists to help students, parents, and teachers to cope their educational needs; 2) the organization of support groups for parents. The support groups often achieve objectives in the community that no individual can accomplish because when parents meet others who have handicapped children this can help them to realize that they are not alone. 3) The organization of two hours week class for parents where they can discuss observations and topics of interest and learn sign language; 4) the involvement of parents in the assessment process and decisions; 5) the effective training of paraprofessionals and volunteers to interact appropriately with children, parents and teachers in the classroom helping children to be emotionally and socially well adjusted; 6) the organization of recreational activities for the deaf and hearing impaired preschoolers demonstrating the importance of play in the creation of a secure and growth-producing experience; 7) the organization and provision of orientations and conferences about the importance of early intervention in the education of young children and the services available for them in the region, to different groups throughout the community; and 8) the publication of bulletins, newsletters and other information materials.

The writer believed that this solution worked because it was relatively easy to see that an untrained person could not do well in the tasks required. In working with deaf and hearing impaired preschoolers certain entry levels are necessary to do an acceptable work in any duty. Experience and further knowledge and skills allowed the person to meet the challenges of the position or the role with confidence and competence. In planning for an effective preschool program for 3-to-5 year-old deaf and hearing impaired students, as the one implemented by the writer, many elements had to be considered.

The system incorporated effective evaluation and family involvement in the diagnostic process, as well as in the identification of instructional goals. Instruction was designed to take into account the children's typical developmental needs, their social-emotional needs and adjustment, and those needs additionally served by the special education service staff such as the speech therapists, the occupational therapists, the paraprofessionals and the volunteers. Professional and parental teamwork was planned in order to improve the deaf and hearing impaired preschoolers' attitudes and behaviors in the classroom.

Ultimately, the most significant and important variable in determining the success of the implemented program was the staff. It is the writer's opinion that the people trained in preschool special education who have a strong commitment to excellence, could create and build an effective program such as the one implemented by the her.

In summary, the writer implemented the ECSERC organizing diverse strategies in the solution of the problem in a nine months period. She was working in her project in coordination with different agencies and resources: the State Department of Education, the Department of Health, the Caribbean Resource Center for the Deaf, the School of Medicine, the Department of Physical Education, APNI- a community parents asociation, student-teachers and other resources available at the writer's work site.

Within the strategies utilized for the implementation of this practicum were: workshops, individual, group, and general trainings, interviews, home visits, regular meetings, and a general evaluation meeting at the end of the project.

The personnel involved was guided by the writer to work individually with the teachers, the parents and the children providing them individual aid in order to meet their personal needs.

A variety of evaluation strategies was used in order to measure the impact of this practicum on the participants.

Report of Action Taken

Although the focus of this practicum was to increase the opportunity for quality social-emotional interaction of ten deaf and hearing impaired preschool children through the improvement of the early intervention educational services provided for them at the UPR Laboratory School, the solution used included a larger population than the originally expected.

In addition to the ten students, the solution included their parents, their teacher, the teacher aide, four special education student-teachers, fifteen regular preschool teachers, thirty one paraprofessionals, twelve teachers, and one hundred sixty five parents.

The solution strategy began with an introductory phase. The first component of this phase was an organizational one. During it the writer began to visit the special education classroom where the deaf and hearing impaired preschool children were in order to collect enough data to document the problem. She interviewed the classroom teacher, the school principal, and the students' parents -ten mothers and three fathers,(Appendix E). She studied the children's records, the IEP's, and visited their homes.

She observed the ten children daily during a week in four different social-emotional areas: self-identity, social play, prosocial behavior, and emotional development (Appendix F). She used a screening instrument with the ten children in order to evaluate their social-emotional skills (Appendix G). She prepared and administered two different questionnaires in order to assess the needs of the children's parents, and the regular preschool teachers' of the school community (Appendices H and I).

She organized a meeting with the parents and the personnel representatives of the State Department of Education, the Department of Health and others from her own work setting. She presented them the plan of action to be developed for the solution of the problem detected. An advisory board was elected from the group.

The final component of the introductory phase included the establishment of the Early Childhood Special Education Resource Center for Children, Parents, and other Professionals as the solution strategy to be used during this practicum.

Upon the completion of the introductory phase, the writer organized a multidisciplinary team of professionals and paraprofessionals. They were encouraged to participate and contribute with their beliefs on the four programs organized by her to meet the needs detected among the children, parents, and teachers.

The first program, Learning Through Play was developed inmediately. It was an instructional program to improve the deaf students' preacademic skills through play. During nine months, one hour weekly, the students participated in a program of inside-outside activities under the supervision of a special education teacher, a preschool teacher, and a physical education teacher.

The Parents as Teacher Program was developed in order to satisfy the parents' needs detected by the writer. The parents decided to meet on Tuesday mornings during two hours. The meetings had different purposes. First, to organize a support group where the parents shared suggestions for coping with particular problems. Second, to teach them sign language in order to provide them more opportunities to communicate appropriately with their children. Third, to meet the parents' non educational needs, knowledge, and skills in order to manage their children at home.

With this in mind the writer organized, in addition to the weekly meetings, six different workshops in terms of the needs presented by the parents. An evaluation meeting was planned at the end of the nine month of implementation. The writer invited the classroom teacher to participate with the parents in the following workshops:

- What is behavior modification
- Using behavior modification techniques with hearing impaired children
- Using transactional analysis with the parents of handicapped children

- The role of toys and parental involvement in children's development
- Helping deaf and hearing impaired children to cope with stress
- Promoting social-emotional development of deaf and hearing impaired children

The program Topics in Early Childhood Special Education was developed to satisfy the needs detected among the fifteen regular preschool teachers. Five different workshops were developed by the writer:

- Normal and atypical processes and stages in children's development
- Developing observation and recording skills
- Early intervention and the integration of handicapped and non-handicapped children
- Working cooperatively with parents and paraprofessionals
- First steps in mainstreaming

A pannel of professionals including a developmental pediatrician, a psychologist, a social worker, a special education supervisor, and a preschool special education teacher participated in the presentations and development of the program. A videotaped session was presented as a concluding experience to observe and apply the principles and competencies studied during the nine months program.

A public awareness program was developed as part of this practicum. The writer organized three cycles of conferences for the faculty, paraprofessionals, and parents of the school community. This awareness program Recognizing Special Education Needs: from Child Find to Program Evaluation, was developed in order to increase the school community members awareness about the importance of early identification and intervention in the education of young children at risk. A special video taped session was presented as a concluding experience.

Different printing materials were developed and distributed among the participants: a handbook with general information about deafness, the nature and needs of the hearing impaired, and the educational strategies to understand and manage the hearing impaired child. This handbook, Understanding the Hearing Impaired Child, was distributed among the parents of the ten deaf preschoolers. Additional copies were kept as a reference handbook at the library corner of the Resource Center.

A variety of flyers with educational printed information about deafness prevention was prepared and distributed among the participants (Rondas de Salud).

A bulletin, Special People, was prepared to publish local news and educational information about exceptional children every two months.

A directory of Special Education Services in PR was prepared to provide a compilation of all the agencies and programs that provide special education services among the community.

The final phase of the practicum at the end of nine months was an evaluative one. The writer used different assessment instruments and observable criteria in order to measure the behavioral objectives (Appendices F, G, J, K, L, M, N, O).

An evaluation meeting was celebrated at the end of each program. All the participants had the opportunity to evaluate the workshops, training activities, and the materials distributed. Also, the writer used the participants' attendance to the activities as another mean to measure the proposed behavioral objectives.

In the particular case of the program Learning through Play the writer used the students' participation in the Special Day for Games at the Resource Center, as a culminating activity of the program.

The final week was spent in evaluating the data that had been received and meeting with the Advisory Board to discuss the results.

Chapter V

Results, Conclusions, and Recommendations

Results

Objective one, to improve the social interations and visual discrimination skills of the deaf and hearing impaired preschool children was measured readministering the Child Skills Checklist (Appendix F), the Meadow-Kendall Social-Emotional Assessment Inventory for Deaf and Hearing Impaired - Preschool Form (Appendix G), and the Diagnostic Informal Test prepared by the writer (Appendix J), after the students' participation in the program Learning Through Play during nine months.

The results of the Child Skills Checklist demonstrated to the writer that at the end of April all the children of the laboratory classroom improved themselves on the development of the four different social-emotional areas measured through the instrument. All the students demonstrated improvement in the self-identity area. It was observed that all of them separated from their parents during the morning, displayed enthusiasm in regard to make things by themselves, seeked other children to play with them, made eye contact with adults, and made activity choices without the teacher's help.

Through the activities developed by the LTP program all the children of the laboratory classroom demonstrated improvement in social play and prosocial behavior. All of them learn to play in groups with and without objects; constructing and creating things; took turns with toys and activities; and helped another children to do a task and in a need. All of them showed concern for some one experiencing pleasure. All the students demonstrated improvement in their emotional development expressing happines instead of anger after their participation on the LTP program activities.

The Meadow-Kendall Social-Emotional for Deaf and Hearing Impaired Inventory - Preschool Form was re-administered. It was found that all the students demonstrated sociable and communicative behaviors instead of impulsive, dominating, anxious and compulsive behaviors demonstrated during the first administration of the instrument.

The results of the Diagnostic Informal Test re-administered to the deaf and hearing impaired preschool children of the laboratory classroom demonstrated that all of them improved their preacademic visual discrimination skills after their participation in the program Learning through Play (LTP).

In looking for general areas of strenghthening after the development of the LTP program, the writer picked out the deaf and hearing impaired preschoolers' enthusiasm to interact with others and their improvement in visual discrimination skills such as those used to identify differences between smaller than, larger than, different than, longer than, and shorter than (details and positions). Also, their improvement in other areas including small motor skills such as painting, drawing, and writing.

Objective two, to satisfy the parents' needs of information, guidance and support on how to promote the optimal social-emotional behavior skills for their children, as evidenced by the post questionnaire data (Appendix K), was met by all the parents after their participation on the Parents as Teachers program. The results indicated a strong interest from the parents in those activities that would help them to work with the child at home. All of them manifested that the information received helped them to improve the knowledge about deafness and behavior modification techniques to manage their children's anxieties, worries and disruptive behaviors. Thirty percent of the participants expressed that the topics related to behavior management were the ones that impacted them more. Seventy percent of them expressed that they were impacted more by the topic presented about transactional analysis with the parents of the handicapped children.

The third objective was met. All the fifteen preschool regular teachers expressed that the professional information presented during the training sessions and workshops helped them to improve their competencies to work better with handicapped preschoolers. All of them expressed that they improved their knowledge in all the competencies needed to work with handicapped children (Appendix L).

The fifteen preschool regular teachers had perfect attendance to all the sessions of the program Topics in Early Childhood Special Education. They reacted positi ly to the videotaped sessions and to the pannel's par ipation (Appendix M). All of them expressed that the se sions were clear, helpful, explicit, and important. That the situations depicted in the videotapes were believable and true to life and that they suggested useful new ideas to improve their team functioning, providing them important insights to become a more effective team member. The fifteen teachers considered that the pannel adressed major issues and that the explanation of steps in the decision process was clear.

The fourth objective was met. To measured it, the writer used a Post Conference Survey Form (Appendix N) to determine the increased awareness knowledge of parents, teachers, paraprofessionals, and other members of the school community about early identification and intervention educational services for the deaf and hearing impaired preschool children after their participation on the program Recognizing Special Education Needs: from Child Find to Program Evaluation, the conference about the Importance of Early Identification and Intervention in the Education of Young Children at Risk, and the distribution of the printing materials.

A total of one hundred seventy six persons participated in the program: forty six from the Maternal School - two teachers, four paraprofessionals, and forty parents-; fifty eight from the Day Care Center- six teachers, twelve paraprofessionals, and forty parents; and seventy two rom the Elementary Laboratory School- twelve regular teachers, fifteen paraprofessionals, and eighty five parents.

Summarizing the reactions of the participants of the program, it was found that after their participation:

- All the participants reacted positively to the structure of the workshops, physical facilities, and time allocation.
- All the participants considered the presentation and discussion of the case study as interesting, stimulating, and informative.
- All the participants considered very valuable the content of the day's program as a whole.
- All the participants expressed that the self assesment exercise helped them to focus on areas that need improvement.
- All the participants expressed that the Team Assesment excercise helped them to focus on major strengths and weaknesses.
- Eighty percent of the participants expressed that the plan of action developed by their team were clear-cut and useful to develop, but twenty percent of them expressed that no clear direction emerged from it.

- All the participants expressed that they increased their understanding about team dynamics, their role in the team, and exemplary early services for children with disabilities and their families.
- All of them answered that that they will recommend others to attent to additional sessions of the program.
- All of them expressed that the school principal provided them information about the project.
- All of them received the printing materials prepared by the writer.

In an attempt to further examine the positive and negative aspects of this practicum, the writer kept a rating scale (Appendix P)for each strategy used with the participants. With the data gathered from it, the writer can avoid the strategies which were not successful in a particular time, while concentrating on those strategies that can be met with greater success . The responses of the participants centered positively around those activities involving films, and videos, professional conferences, workshops, sign language instruction, social activities and special presentations. They indicated that they prefered to avoid the meetings where they have to answer questions or to write too much. In addition, ninety percent of the participants expressed that they preferred to work as a group rather than alone. This supported the writer's belief that the participants learn from other participants.

Throughout the implementation of this practicum, the writer kept a weekly log (Appendix O) in which she recorded the events which took place, especially the unanticipated events and the decisions regarding practicums changes. These events and decisions have been incorporated as part of the flow events. The use of this journal to record events and decisions as they happened was an invaluable tool, and this technique is recommended by the writer as a very positive one.

The results of the analized data demonstrated very positive findings..For example, that teachers were being more responsive to parents, that children's needs were being examined more objectively, and that, generally, there was an increase in the number of volunteers within the school needs. An awareness feeling was motivated through the activities developed, and the parents, the educators and the community members were very much involved in trying to provide an education appropriate to the children's physical, mental, social, and emotional abilities.

Obstacles generally interfere with the development in the optimal fulfillment of the practicum. One of this obstacles was the limitation found by the writer to use a standardized screening instrument to identify early preschool children at risk. All the instruments available were translations from English to Spanish but any of them were validated to serve the Puerto Rican preschool population. As a solution, the writer got the approvement of Dr. Samuel Meisels to incorpoarate the preschool students ages three to five from the Maternal School and the Day Care Center as part of the sample for the National Standardization Study of the Early Screening Inventory. The ESI was administered to forty students of the Maternal School and to one hundred students from the Day Care Center. Although the administration of the ESI at present did not guarantee the appropriate identification of children at risk because it has not been validated yet, the writer considered that the opportunity to have Dr. Samuel Meisels as part of the professionals colaborating with the Early Childhood Special Education Resource Center is a great prestige. Dr. Meisels visited the Center on October 28,1988 and presented a conference about the Uses and Abuses of the Early Screening Instruments to parents, teachers and other professionals in early childhood education and special education. This activity was not presented by the writer in her original plan of this practicum.

During the next two years the writer will be collaborating with Dr. Meisels as the site coordinator for the ESI National Standardization Project in Puerto Rico.

It is the writer's opinion that the obstacles found in the development of this practicum provided great benefits to her project and to the Puerto Rican preschool children in general.

In general the writer feels that the activities developed to improve the early intervention services for the deaf and hearing impaired preschool children, their parents, teachers and other members of the school community through the establishment of the Early Childhood Special Education Resource Center were deemed to be a success. This was indicated by the participants themselves and by the school administrators who expressed their impressions about how a consistent effort can effect changes if the changes are gradual.

Conclusions

The data suggests that the conclusions drawn from the earlier literature review and solution strategies from other settings were applied appropriately to this practicum. The goals projected were accomplished because the early intervention educational services provided for deaf and and hearing impaired preschoolers of the UPR Laboratory School were improved. It was found that the social-emotional quality interaction of the deaf and hearing impaired preschoolers was promoted and encouraged, and that their visual discrimination pre-academic skills were enhanced through their active participation on the Learning Through Play

The quality of parent-teacher interaction was increased through the coordinated efforts already described in the development of the programs Parents as Teachers and Topics in Early Childhood. Although bringing parents, teachers and other school community members together is not an easy task, and although it is not possible to guarantee that all the participants will be active participants, the effort to offer information that is meaninful and of interest does bring parents and teachers closer together.

The public awareness knowledge among the school community members about the importance of early identification services for the deaf and hearing impaired preschool children was enhanced through their participation on the program Recognizing Special Education Needs: from ChildFind to Program Evaluation.

The participation of the school community on the conference The Importance of Early Identification and Intervention in the Education of Young Children at Risk, and the distribution of the printing materials developed among them, contributed positively for the accomplishment of the general goals stated.

Based on the analysis of the data collected and the results of the strategies used in previous research studies about the problem, the writer concluded that:

- The promise of a free appropriate public education for all handicapped children is indeed an ambitious one, but that today must observers would acknowledge that substantial progress has been made toward the fulfilment of that promise (Bricker, 1988).

- Many citizens, both within and outside the field of education, have welcomed the recognition of handicapped children's rights in their schools communities (Carter, 1984).
- The increased involvement of parents and families in the educational process and the emphasis on team planning to meet individual needs throughout the life span are widely regarded as positive developments (Blacker, 1981).
- Reports from teachers and students, as well as a growing number of data-based studies, indicate that many deaf and hearing impaired children are being successfully educated in regular school settings and that, for the most part, they are well accepted by their nonhandicapped schoolmates from age levels ranging from preschool to high school (Anastasiow, 1980, O'Connell, 1986).
- In spite of this ample evidence of progress toward providing equal educational opportunity, it is equally true that many people- both within and outside the field of education- have detected significant problems in the implementation of Public Law 94-142 and other laws and policies that have gradu-

ally extended services to deaf and hearing impaired students (Dunst, 1986).

- The deaf and hearing impaired preschool children are less socially mature and less independent than their hearing counterparts (Meadow, 1981).
- The reactions to a deaf child in the family are varied as parents themselves (Schlesinger, 1985).
- The educators should keep in mind that parents with deaf children with social-emotional problems are not necessarilly problem parents (Gorham, 1985).
- Parent training programs are designed to assist parents' efforts to effectively interact with and manage the behavior of their children (Wood, 1981).
- Regular class teachers often contend that they receive little or no training or support when deaf and hearing impaired children are placed in their classes (Lymas, 1986).

In general the writer concluded that :

- The programs developed and implemented by her through the organization of the Early Childhood Special Education Resource Center have improved the early intervention services for the deaf and hearing impaired preschoolers and the knowledge of their parents and teachers.
- The coordination of involvement activities by an individual outside of the school helps the teachers,

parents, paraprofessionals, and other members of the school community to take a more objective look at what could be offered to them and their children.

- The programs developed by her represented the quality of education within the system rather than a local school orientation.
- The parents, teachers, and paraprofessionals from various settings had the opportunity to work with each other and share ideas.
- Communication during the conferences and the workshops is enhanced by providing opportunities for parents, teachers, and other members of the school community to share information and by supplying specific suggestions to the problems presented.
- More teachers incorporate coomunity resources into their classroom programs if provided with resources and support from the school administration.
- The administrators who were quite pessimistic about parent participation are seeing more parent interest as a result of a more systematic approach.
- Educators can improve family interaction while increasing parent knowledge.

During nine months the writer implemented four different educational programs for the deaf and hearing impaired preschool children, the parents, the teachers, and other members of the school community. Her primary purpose was to increase the opportunity for quality social-emotional interaction of the deaf and hearing impaired preschool children, and the improvement of the early intervention educational services provided for them at the regular school setting through the organization of an Early Childhood Special Resource Center.

The writer is excited by the results obtained from this practicum because the standards of performance were realized for all the objectives. The organization of the Early Childhood Special Education Resource Center and the strategies developed through it proved its effectiveness to improve educational intervention services for the deaf and hearing impaired preschool children at the UPR Laboratory School. The orientation programs developed by her proved their effectiveness to meet the needs of the deaf children, parents, teachers, paraprofessionals and other members of the school community.

She also believes that what contributed the most to this practicum was the cooperation of the school administrators, the personnel from the central office of the State Department of Education, the Department of Health, and from other public agencies. They made a commitment to improve the quality of early educational intervention services for the handicapped and at risk preschool children.

The writer will continue to conduct these programs beyond the accomplishment of this practicum, since they have generated a great deal of excitement in both the participants and the facilitating community.

Recommendations

Based on the foregoing discussion and the results of this practicum, the writer recommends the following:

First, that young children with special needs require individualized educational experiences to promote attainment of their unique potential.

Second, that the early education programs should involve sensitive adaptation of curriculum, materials, space, instruction and adult expectations to simulate a nurturing environment.

Third, that well trained teachers must be required to improve the handicapped preschoolers' potential to the maximum of their abilities.

Fourth, that systematic identification programs for all preschool children should be instituted.

Fifth, that early intervention programs should be available to all preschool children with identified developmental deficits.

Sixth, that qualified personnel must be necessary to meet the needs of preschool children who demonstrate patterns of specific deficits.

Seventh, that family should be assisted in participating fully in all phases of identification and treatment of a preschool child with specific patterns of deficits.

Eighth, that professionals should provide information to the public concerning issues about child development and its disorders.

Ninth, that all professionals and agencies responsible for the identification, assessment, and treatment of the children with special needs must recognize and respond to the unique requirements necessary to meet their needs.

Tenth, that parental involvement must be encouraged and welcomed.

Eleventh, that parents must be provided with support services that will enable their full and active participation.

Twelfth, that efforts must be made to develop parent education materials and programs that explain the child's needs and detail the intervention strategies to be implemented by the family.

Thirteenth, that systematic research must continue to address issues related to the identification and provision of services for preschool children with suspected hearing impairments or other handicapping conditions.

Dissemination

The results of this practicum will be shared in many ways. First, there is already an interest in continuing the four programs developed during this practicum with deaf students, parents, teachers, paraprofessionals, and other community members. Possibilities include repeating the format in a single geographic area or extending it throughout the Island. This would require sharing this work with all area superintendents, supervisors and school principals and building a support structure (budget, presenters, facilities) from within the system.

The staff development activities at the College of Education will provide another opportunity for dissemination. The writer will share the results of this practicum with the Special Education Curriculum Committee and with other members of the faculty.

Local news media such as newspapers, community bulletins, and school system newsletters will be contacted. Also, as conferences and presentations become available, the writer will discuss the results of this project with various professionals interested in deaf and hearing impaired early intervention educational programs.

Finally, she will submit a synopsis of this project to appropriate professional journals for publication.

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Instruments used for Hard Data Collection

Appendix A

Report of Handicapped Children and Youth Receiving Special Education

NUMBER OF CHILDREN AND YOUTH RECEIVING SPECIAL EDUCATION

HANDICAPPING CONDITION · AGE AS OF DECEMBER 1	12	13	14	15	16	17	12-17 (Actual Data)
MENTALLY RETARDED	1741	1768	1949	1984	1867	1385	10694
HARD OF HEARING	22	27	28	34	31	41	183
DEAF	51	50	58	51	45	59	314
SPEECH OR LANGUAGE IMPAIRED	77	62	74	37	45	79	374
VISUALLY HANDICAPPED	44	52	51	55	67	63	332
SERIOUSLY EMOTIONALLY DISTURBED	113	122	93	104	72	74	578
ORTHOPEDICALLY IMPAIRED	35	21	26	24	30	42	178
OTHER HEALTH IMPAIRED	56	46	53	49	52	41	297
SPECIFIC LEARNING DISABILITIES	940	837	866	718	481	298	4140
DEAF-BLIND	9	9	4	10	11	7	50
MULTIHANDICAPPED	156	131	118	106	128	128	767
TOTAL (Sum of all of the above)	3244	3125	3320	3172	2829	2217	17907

OMB NO.

NUMBER OF CHILDREN AND YOUTH RECEIVING SPECIAL EDUCATION

HANDICAPPING CONDITION / AGES AS OF DECEMBER 1	14	15	16	17	12-17	18	19	20	21	18-21	22 and above	Row Total
1. MENTALLY RETARDED	2,005	2,029	2,270	1,987	11,947	1,758	1,267	937	760	4,722	240	21,547
2. HARD OF HEARING	11	52	180	220	494	255	202	184	170	811	-	1,417
3. DEAF	41	62	96	65	360	67	107	91	25	290	10	1,009
4. SPEECH OR LANGUAGE IMPAIRED	36	25	54	-48	270	59	47	38	40	184	4	1,760
5. VISUALLY HANDICAPPED	43	86	257	332	771	393	306	268	260	1,227	6	2,232
6. SERIOUSLY EMOTIONALLY DISTURBED	76	87	76	54	519	60	51	29	28	168	6	1,229
7. ORTHOPEDICALLY IMPAIRED	17	72	264	333	727	370	307	268	261	1,214	14	2,234
. OTHER HEALTH IMPAIRED	35	43	90	109	345	121	99	81	74	375	10	1,111
9. SPECIFIC LEARNING DISABILITIES	357	201	237	210	1,966	162	112	82	69	425	14	3,907
10. DEAF-BLIND	4	5	9	5	30	2	0	7	1	10	1	98
11. MULTIHANDICAPPED	153	152	237	215	1,034	250	218	185	160	827	121	3,002
12. TOTAL (Sum of Lines 1 through 11)	2,778	2,894	3,770	3,578	18463	3,511	2,724	2,170	1,856	10,261	434	39631

NUMBER OF CHILDREN AND YOUTH RECEIVING SPECIAL EDUCATION				
HANDICAPPING CONDITION AGE AS OF DECEMBER 1	3	4	5	3-5 (Actual Data)
MENTALLY RETARDED	38	101	165	304
HARD OF HEARING	8	17	30	55
DEAF	16	27	33	75
SPEECH OR LANGUAGE IMPAIRED	46	250	626	922
VISUALLY HANDICAPPED	7	19	57	83
SERIOUSLY EMOTIONALLY DISTURBED	9	21	49	79
ORTHOPEDICALLY IMPAIRED	12	44	60	116
OTHER HEALTH IMPAIRED	15	77	172	264
SPECIFIC LEARNING DISABILITIES	7	6	56	69
DEAF-BLIND	1	2	2	5
MULTIHANDICAPPED	63	109	134	306
TOTAL (Sum of all of the above)	222	673	1304	2279

NUMBER OF CHILDREN AND YOUTH RECEIVING SPECIAL EDUCATION

HANDICAPPING CONDITION	AGE AS OF DECEMBER 1	6	7	8	9	10	11	6-11 (Actual Data)
MENTALLY RETARDED		289	548	878	1124	1373	1473	5685
HARD OF HEARING		30	27	20	33	32	33	175
DEAF		38	47	56	51	42	61	295
SPEECH OR LANGUAGE IMPAIRED		238	254	230	188	131	86	1127
VISUALLY HANDICAPPED		34	41	37	46	57	73	288
SERIOUSLY EMOTIONALLY DISTURBED		47	79	92	98	106	111	533
ORTHOPEDICALLY IMPAIRED		29	28	38	37	35	19	186
OTHER HEALTH IMPAIRED		57	39	59	62	45	52	314
SPECIFIC LEARNING DISABILITIES		134	353	577	733	873	882	3552
DEAF-BLIND		3	10	9	3	3	10	38
MULTIHANDICAPPED		140	143	130	140	120	139	812
TOTAL (Sum of all of the above)		1039	1569	2126	2515	2817	2939	13005

NUMBER OF CHILDREN AND YOUTH RECEIVING SPECIAL EDUCATION

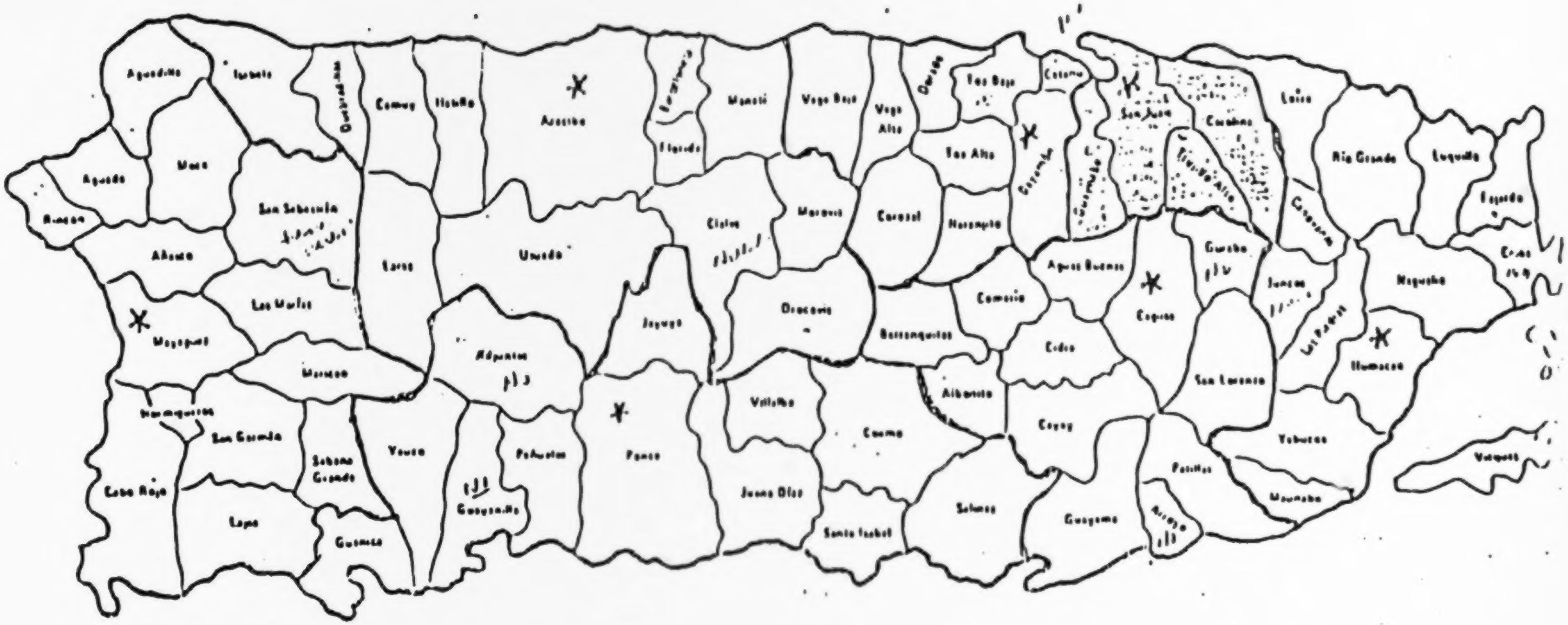
HANDICAPPING CONDITION / AGE AS OF DECEMBER 1	18	19	20	21	18-21 (Actual Data)	22+	Row Total (3-22+)
MENTALLY RETARDED	1030	774	571	411	2786	183	19652
HARD OF HEARING	39	31	28	40	138	20	571
DEAF	72	51	67	76	266	36	987
SPEECH OR LANGUAGE IMPAIRED	68	107	116	101	392	44	2859
VISUALLY HANDICAPPED	73	64	70	50	257	57	1017
SERIOUSLY EMOTIONALLY DISTURBED	76	100	104	88	368	49	1607
ORTHOPEDICALLY IMPAIRED	69	92	100	63	324	65	869
OTHER HEALTH IMPAIRED	46	22	23	32	123	16	1014
SPECIFIC LEARNING DISABILITIES	179	101	59	27	366	10	8137
DEAF-BLIND	14	9	6	9	38	3	134
MULTIHANDICAPPED	145	96	113	102	456	42	2383
TOTAL (Sum of all of the above)	1811	1447	1257	999	5514	525	39230

OMB NO.

Appendix B

Educational Regions and School Districts of Puerto Rico Department of Education

APPENDIX B: Educational Regions and School Districts of Puerto Rico
Department of Education


Aguadilla
Isabela
Quebradillas
Camuy
Hatillo
Arecibo
Barceloneta
Florida
Manati
Vega Baja
Vega Alta
Dorado
Toa Baja
Cataño
San Juan
Carolina
Loiza
Rio Grande
Luquillo
Fajardo
Ceiba
Aguada
Rincon
Moca
San Sebastian
Lares
Utuado
Ciales
Morovis
Corozal
Naranjito
Toa Alta
Bayamon
Guaynabo
Trujillo Alto
Canovanas
Añasco
Las Marias
Mayaguez
Maricao
Adjuntas
Jayuya
Orocovis
Barranquitas
Comerio
Aguas Buenas
Caguas
Gurabo
Juncos
Las Piedras
Naguabo
Humacao
Cidra
Aibonito
Cayey
San Lorenzo
Yabucoa
Maunabo
Patillas
Arroyo
Guayama
Salinas
Santa Isabel
Coamo
Villalba
Juana Diaz
Ponce
Peñuelas
Guayanilla
Yauco
Guanica
Sabana Grande
San German
Hormigueros
Cabo Rojo
Lajas
Vieques

LEYEND :

*15 Mayaguez

*15 Arecibo

*16 Ponce

*14 Bayamón

*14 Caguas

*3 San Juan

*3 Humacao

* Number of School Districts per

▲ Project Center

✱ Educational Region Offices

Appendix C

Study of Preparation of Teachers Providing Services to Hearing Impaired Students

Appendix C

Study of preparation of teachers providing services to hearing impaired students - 1986-87

Normal + credits	BA	BA + credits in Special Ed.				MA	MS	Total
		3	6	9	12+			
6	77	1	2	4	63	2	2	87

Appendix D

Report of the Estimated Total Number of Handicapped Children Ages 3 to 5 in Puerto Rico

1.	Enter the estimated December 1, 1987, EHA-Part B age 3 through 5 child count.	2,479
2.	Enter the estimated October 1, 1987, Chapter 1 Handicapped age 3 through 5 child count.	27
3.	Enter the actual October 1, 1986, Chapter 1 Handicapped age 3 through 5 child count.*	27
4.	OPTIONAL: Enter the actual December 1, 1986, EHA-Part B age 3 through 5 child count.	2,279

Appendix E

Parents' Interview

INTERVIEW

General Information About the Student and his/her family:

Sex M ____ F_____
Age ____

With whom does he/she live?

Both parents ______
Mother ______
Father ______
Grandparents ______
Others ______

Parents' occupations

Father _______
Mother _______

Highest school level approved

College _______
Secondary School _______
Elementary School _______

Children at home

Older _______
Younger _______

Is it easy for him/her to make friends?

Yes _______
No _______

Does he/she have difficulties to play with other children?

Yes _______
No _______

Are you having problems to manage your child's behavior?

Yes _______
No _______

Appendix F

Pre/Post

Child Skills Checklist

University of Puerto Rico
College of Education

CHILD SKILLS CHECKLIST

ID # ____________________ Observer ____________________

Program ____________________ Date ____________________

Directions: Put a ✓ for items you see child perform regularly. Put N for items where there is no opportunity to observe. Put + for items where child has progressed to advanced level. Leave all other items blank.

1. Self-identity

_____ Separates from parents without difficulty

_____ Does not cling to adults excessively

_____ Makes eye contact with adults

_____ Makes activity choices without teacher's help

_____ Seeks other children to play with

_____ Displays enthusiasm in regard to doing things for self

2. Social Play

_____ Plays by self with or without objects

_____ Plays by self constructing or creating something

_____ Plays parallel to others with or without objects

_____ Plays parallel to others constructing or creating something

_____ Plays parallel to others in pretending-type activity

_____ Plays with a group with or without objects

_____ Plays with a group constructing or creating something

_____ Plays with a group in pretending-type activity

_____ Does not play

3. Prosocial Behavior

_____ Shows concern for someone in distress

_____ Shows delight for someone experiencing pleasure

_____ Shares something with another

_____ Gives something of his/her own to another

_____ Takes turns with toys or activities

_____ Waits for turn without a fuss

_____ Helps another do a task

_____ Helps another in need

4. Emotional Development

_____ Allows self to be conforted during stressful time

_____ Eats, sleeps, toilets without fuss away from home

_____ Handles sudden changes/startling situations with control

_____ Can express anger in actions

_____ Allows aggressive behavior to be redirected

_____ Does not withdraw from others excessively

_____ Shows interest/attention in classroom activities

_____ Smiles, seems happy much of the time

Appendix G

Meadow-Kendall Social Emotional Assessment Inventory

FORMULARIO PRE-ESCOLAR

EVALUACION SOCIO-EMOCIONAL DE MEADOW-KENDALL PARA LOS ESTUDIANTES AUDIO-IMPEDIDOS

Por Kathryn P. Meadow
Centros de Estudios en
Educación y Desarrollo Humano

Modelo Kendall
Escuela Elemental
Colegio Gallaudet

Fecha de evaluación ______________ Fecha de nacimiento ___/___/___

Nombre del estudiante o número de código ______________________ Sexo __M __F

Escuela ______________________

Nombre del evaluador ______________________

Posición ______________________

INSTRUCCIONES:

Lea cada aseveración con mucho cuidado y decida si describe el comportamiento que ha observado en este estudiante. Al decidir cómo evaluar al niño, utilice como referencia a todos los estudiantes de la misma edad sin considerar el hecho de que tengan o no una pérdida auditiva. Sin embargo, ciertas aseveraciones sólo se pueden aplicar a los estudiantes audio-impedidos. En el caso de estas aseveraciones, utilice como referencia a todos los estudiantes audio-impedidos que conozca, no solamente los que están en el grado considerado. Marque la contestación que mejor refleje su evaluación del niño.

EJEMPLO:

A a f F ? 11. Alegre, risueño, agradable.

CLAVE:

A = MUY ACEPTABLE. La aseveración ofrece una descripción muy buena del comportamiento que tiene el estudiante la mayor parte del tiempo.
a = aceptable. La aseveración describe el comportamiento que tiene el estudiante durante parte del tiempo.
f = falso. La aseveración no es una buena descripción del comportamiento del estudiante.
F = MUY FALSO. Este estudiante nunca (o casi nunca) podría ser descrito de esta manera.
? = NO SE PUEDE EVALUAR o NO APLICA.

El manual de instrucciones para administrar esta prueba y formularios adicionales se pueden pedir a:

Outreach Pre-College Programs
Box 114, Gallaudet College
Washington, D.C. 20002

A = MUY ACEPTABLE a = aceptable f = falso F = MUY FALSO ? = no se puede evaluar

A a f F ? 1. Muestra interés y orgullo por los resultados de actividades escolares (dibujos, proyectos, trabajos con bloques, etc.).

A a f F ? 2. Establece lazos estrechos de afecto y amistad con sus compañeros.

A a f F ? 3. Tiene comportamientos considerados como raros y extraños por la mayoría de sus maestros y compañeros. Por ejemplo: mecerce, contemplar fijamente las luces por largos periodos de tiempo, dar vueltas sin motivo aparente, hablar solo,como si estuviese encerrado en su "propio mundo", etc...

A a f F ? 4. Muy miedoso. Preocupado de manera exagerada y poco realista por el peligro, las tormentas, la oscuridad, las heridas, la muerte, la salud, el bienestar de sus padres.

A a f F ? 5. Suele fracasar en su empeño por lograr la aprobación y el reconocimiento de sus compañeros.

A a f F ? 6. Tiene un lapso de atención propio de su edad.

A a f F ? 7. Es un niño solitario. No tiene amigos, es reservado.

A a f F ? 8. Rutinario. Insiste en la repetición de las rutinas habituales. Cualquier alteración en la rutina puede provocar en el niño reacciones negativas y extremas.

A a f F ? 9. Evita el contacto visual.

A a f F ? 10. Se comunica con los otros niños y/o con los adultos utilizando cualquier medio disponible: gestos, lenguaje de señas, habla, vocalizaciones, pantomima o dibujo.

A a f F ? 11. Alegre, risueño, agradable.

A a f F ? 12. Extremadamente preocupado por la pulcritud. Lava sus manos y juguetes constantemente. Aparenta ser incapaz de tolerar en ellos polvo o suciedad.

A a f F ? 13. Manifiesta actitudes negativas hacia el proceso de comunicación. Puede negarse a utilizar el lenguaje de señas o a usar su voz. Finge que no entiende lo que se le comunica. Cierra los ojos para evitar cualquier intento de comunicación.

A a f F ? 14. Creativo. Muestra imaginación al pintar, trabajar con bloques, hacer trabajos manuales, realizar pequeñas representaciones artísticas, etc.

A a f F ? 15. Se preocupa por los sufrimientos o problemas de los demás. Muestra empatía.

A a f F ? 16. Demuestra mucho interés y preocupación por detalles que son insignificantes. Puede insistir en lograr la perfección en sus trabajos escolares (escritura, dibujo, construcción con bloques, rompecabezas, etc.).

A a f F ? 17. Carece de un registro apropiado de respuestas emocionales (enojo, miedo, alegría, tristeza). Hay poca variedad y expresión en sus manifestaciones emocionales.

A = MUY ACEPTABLE a = aceptable f = falso F = MUY FALSO ? = no se puede evaluar

A a f F ? 18. Muestra sentido del humor e ingenio (puede disfrutar de situaciones graciosas o bromas).

A a f F ? 19. Se interesa por recibir comunicación de los demás. Se esfuerza por entender sus mensajes.

A a f F ? 20. Se vale de cualquier malestar, dolor o herida leve para llamar la atención de los demás y/o para evadir tareas.

A a f F ? 21. Establece estrechos lazos de afecto con sus maestros.

A a f F ? 22. Inicia la comunicación con los adultos.

A a f F ? 23. Es curioso: quiere explorar el ambiente que le rodea (máquinas, conmutadores eléctricos, etc.).

A a f F ? 24. Basicamente es un niño inquieto. Nervioso; se preocupa por muchas cosas.

A a f F ? 25. Sigue las instrucciones y cumple con lo que le piden los adultos.

A a f F ? 26. Muy agresivo. Tiende a pelear mucho con los demás (araña, muerde, golpea,etc.).

A a f F ? 27. Se orina encima.

A a f F ? 28. Sus respuestas emocionales son generalmente aceptables. Los ataques de ira y rabietas ocurren solamente en casos de provocación extrema.

A a f F ? 29. Acepta demoras en la recompensa. No espera la satisfacción inmediata de cada necesidad, capricho o deseo.

A a f F ? 30. Desmañado o torpe al utilizar sus materiales de trabajo (herramientas, instrumentos, cuadernos, lápices, etc.).

A a f F ? 31. Esconde, pierde, olvida o estropea su equipo de amplificación.

A a f F ? 32. Molesta, fastidia o importuna a los demás niños.

A a f F ? 33. Presenta conductas destructivas (rompe objetos, estropea las paredes, etc.).

A a f F ? 34. Se ensucia (evacua en su ropa).

A a f F ? 35. Los regaños y castigos no evitan ni detienen sus comportamientos indeseables.

A a f F ? 36. Persiste en comportamientos tontos e inmaduros que fastidian a los demás niños.

A a f F ? 37. Se alimenta sólo. Utiliza correctamente el tenedor y/o la cuchara.

A a f F ? 38. Se niega a participar en actividades que impliquen destrezas orales y auditivas. Para estas actividades emplea tácticas dilatorias, con más frecuencia que para ningún otro trabajo escolar.

A = MUY ACEPTABLE   a = aceptable   f = falso   F = MUY FALSO   ? = no se puede evaluar

A a f F ? 39. Incapaz de aceptar críticas, especialmente si éstas se expresan como medidas disciplinarias o para excluirlo de las actividades. No admite sus errores. Tiende a decir: " Yo sé.", aun cuando no es verdad que sabe.

A a f F ? 40. Llora o siente frustración ante su inhabilidad para dominar destrezas que requieren la coordinación motora propia de su edad (para saltar, cortar papel, etc.).

A a f F ? 41. Avisa cuando quiere ir al baño.

A a f F ? 42. Exige atención. Quiere ser el centro de atención.

A a f F ? 43. Generoso. Dispuesto a compartir sus recompensas o juguetes con los demás.

A a f F ? 44. Muestra conductas auto-destructivas (se golpea la cabeza. se araña, se muerde, etc.).

A a f F ? 45. Le consume demasiado tiempo al maestro con sus exigencias de ayuda y atención.

A a f F ? 46. Aparenta ser impulsivo. Actúa sin pensar.

A a f F ? 47. Acepta usar el equipo de amplificación sin queja alguna.

A a f F ? 48. Niega las fallas en su conducta. Se rehusa a admitir sus errores.

A a f F ? 49. Dispuesto a esperar su turno. Entiende el concepto de "esperar su turno".

GALLAUDET UNIVERSITY

GALLAUDET RESEARCH INSTITUTE
Center for Studies in Education and Human Development
(202) 651-5206

KENDALL GREEN
800 FLORIDA AVENUE, N.E.
WASHINGTON, D.C. 20002

March 21, 1988

Celeste E. Freytes
Coordinator
Centro de Recursos Educativos del Caribe
Colegio de Pedagogia
Box "E" UPR Station
San Juan, Puerto Rico

Dear Dr. Freytes:

Congratulations on receiving funding for your project! I was delighted to hear from you, and pleased that you are interested in the inventory. Please let me know if I can be helpful as the work progresses.

Sincerely,

Kay Orlans

Kathryn P. Meadow-Orlans, Ph.D.
Senior Research Scientist

KPM/kk

GALLAUDET UNIVERSITY • UNIVERSITY OF PUERTO RICO
CERC
CARIBBEAN EDUCATIONAL RESOURCE CENTER FOR THE HEARING IMPAIRED
College of Education, Box "E", U.P.R. Station, San Juan, P.R. 00931 (809) 767-1245

March 3, 1988

Dr. Catherine Meadow Orland
Center for Studies, Education
and Human Development
Gallaudet University
800 Florida Avenue, NE
Washington, D. C. 20002

Dear Dr. Meadow Orland:

Last year while I was in Gallaudet University I had a chance to talk to you over the phone and share with you the possibility of the research proyect being conducted with your scale, The Meadow Kendal Social Emotional Assessment Inventory for Deaf and Hearing Impaired Students, Pre-School Form. I am happy to indicate that the project with this scale was submitted to "FIPPI". This is the program that belongs to the University of Puerto Rico and it is for institutional funds for research. The professor that is working in this project, professor Lydia Bermúdez forwarded me a copy of the research. She indicated that it has been approved, that she is now working in the translation of your scale.

I wanted to take this chance to share with you our enthusiasm with this research project and let you know that we are working at this phase. The project, copy of which I am enclosing, is in Spanish, but I thought it would be a good idea for you to secure a copy for your personal records. We will keep in touch pursuant to the research project and we will be sure to provide you with some results as soon as the translation of the Scale is completed and some data gatherered.

Thank you very much for your enthusiasm with this project.

Yours truly,

C. Freytes

Celeste Freytes
CERC Coordinator

Cc.: Prof. Lydia Bermúdez

: Dr. Gilberto Delgado
Int'l. Development Officer

GALLAUDET UNIVERSITY • UNIVERSIDAD DE PUERTO RICO
CREC
CENTRO DE RECURSOS EDUCATIVOS EN EL CARIBE PARA EL AUDIO-IMPEDIDO
Facultad de Pedagogía, Apartado "E", U.P.R. Sta., San Juan, P.R. 00931 (809) 767-1245

GALLAUDET G UNIVERSITY

GALLAUDET RESEARCH INSTITUTE
Center for Studies in Education and Human Development
(202) 651-5206

KENDALL GREEN
800 FLORIDA AVENUE, N.E.
WASHINGTON, D.C. 20002

March 21, 1988

Celeste E. Freytes
Coordinator
Centro de Recursos Educativos del Caribe
Colegio de Pedagogia
Box "E" UPR Station
San Juan, Puerto Rico

Dear Dr. Freytes:

Congratulations on receiving funding for your project! I was delighted to hear from you, and pleased that you are interested in the inventory. Please let me know if I can be helpful as the work progresses.

Sincerely,

Kay Orlans

Kathryn P. Meadow-Orlans, Ph.D.
Senior Research Scientist

KPM/kk

Gallaudet University
International Center on Deafness (ICD)
800 Florida Avenue NE Washington, DC 20002
(202) 651-5585
9102-400 22B (GALCOLICD)

May 16, 1988

TO WHOM IT MAY CONCERN

Professor Lydia Bermúdez has been authorized to translate the Meadow-Orlands Scale of Social-Emotional Assessment of Deaf Students. This translation is to be used for research purposes and is tied to objectives of the research project she submitted (and was approved) by the Research Office of the Office of the Dean of Academic Affairs, University of Puerto Rico, Río Piedras Campus.

CEFreytes

Celeste E. Freytes
CERC Coordinator

ac

cc.: Dr. Gilberto Delgado
Int'l. Development Officer
Gallaudet University

University of Puerto Rico
Caribbean Educational Resource Center (CERC)
College of Education
Box "E" UPR Station San Juan, PR 00931
(809)767-1245

Appendix H

Parents' Needs Assessment Instrument

Questionnaire

Dear parents:

Listed below are a number of topics that can become the focus of one or more parent meetings. Because we would like to arrange meetings that will be helpful to you, we would appreciate your cooperation in filling out this questionnaire. Please indicate by checking the appropriate space below which meetings would interest you enough for you to take time to join us. Your comments and opinion are really needed. Please complete this form today and return it with your child by Friday.

Sincerely,
Lydia V. Bermúdez

	Yes	No
1. How do children grow and develop	( )	( )
2. How to manage my child's behavior	( )	( )
3. How to understand my child's special needs	( )	( )
4. How to improve my sign language skills	( )	( )
5. How to know more about deafness	( )	( )
6. How to know more about the services and resources available in my community	( )	( )
7. How to realize other activities at home with my child	( )	( )
8. How to live with my child at home	( )	( )
9. How to help my child to behave	( )	( )
10. The importance of parent effective training	( )	( )
11. How to help my child to get along with others	( )	( )
12. How to manage my child's anxieties and worries	( )	( )

What I need the most is:

Appendix I

Preschool Teacher's Needs Assessment Instrument

NEEDS ASSESSMENT INSTRUMENT

The regular preschool teacher needs to domain special competencies to work better with handicapped preschoolers. From the following list, please make a check mark (✓) in front of those that you have to improve.

___ Knowledge of normal and atypical processes and stages in children's development.

___ Ability to recognize symptoms of specific handicapping conditions.

___ Skill in observing and recording behavior of individual children.

___ Ability to employ informal procedures in diagnosing educational problems.

___ Ability to prepare long-term goals and short-terms objectives developmentally appropriate and consistent with each child's style of learning and observed strengths and weaknesses.

___ Ability to read children's cues and utilize this information in structuring an environment responsive to individual needs and conducive to maximization of children's active involvement.

___ Ability to develop a trusting relationship with children through effective communication.

___ Skill in techniques that enhance positive interactions among children of varying levels of ability as well as cultural and ethnic backgrounds.

___ Understanding and belief in the philosophy that underlies the curriculum model in use.

___ Ability to listen reflectively to parents and to develop a viable program of family involvement.

___ Skill in recruiting, training and working cooperatively with paraprofessionals.

___ Familiarity with an ability to utilize effectively resourse persons and agencies within the community.

___ Ability to recognize one's own limitations and to seek assistance when appropriate.

Appendix J

Pre Academic Diagnostic Test
Visual Discrimination Skills

Pruebas Diagnósticas

(DIAGNOSTIC TEST)

Escuela (SCHOOL) ____________________

Área (AREA) ____________________

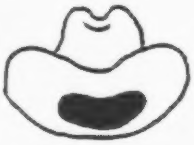
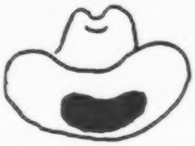
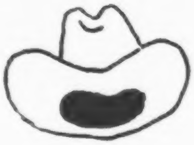
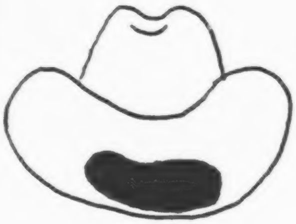
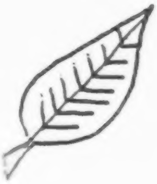
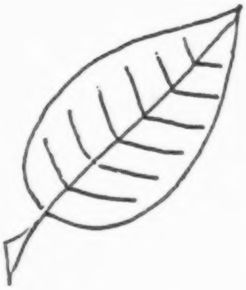
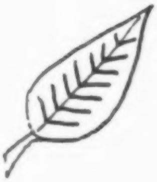
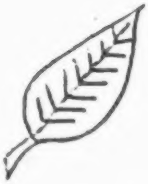
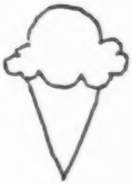
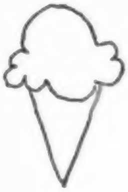
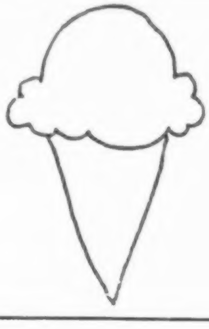
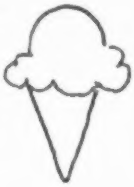
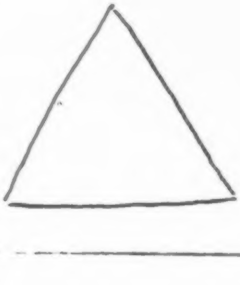
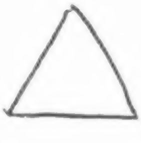
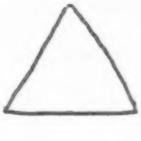
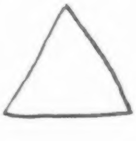
Tema (THEME) ____________________

Nivel (LEVEL) ____________________

Fecha (DATE) ____________________

Señala así (x) el objeto más grande

(POINT TO THE LARGER OBJECT)

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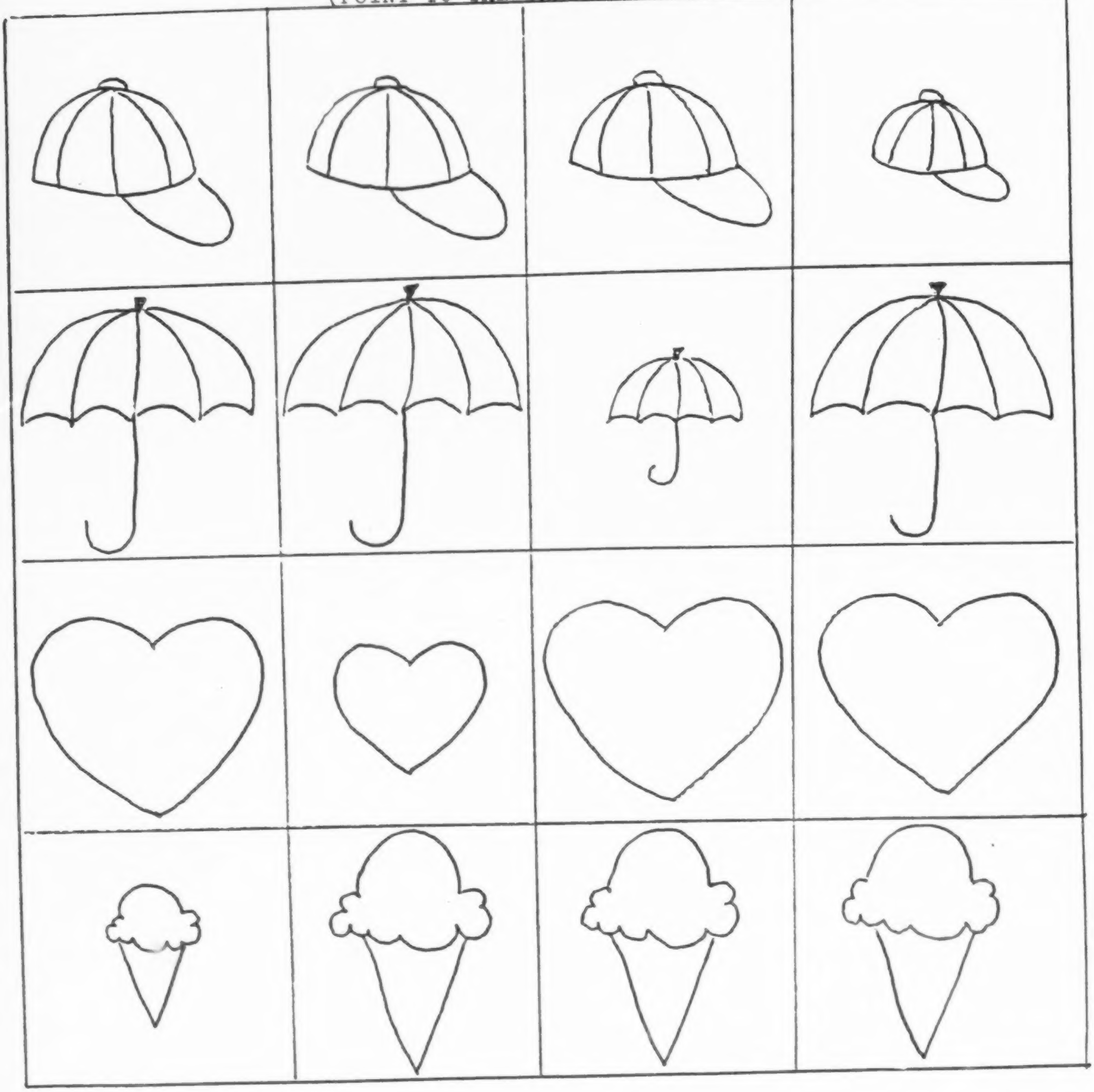
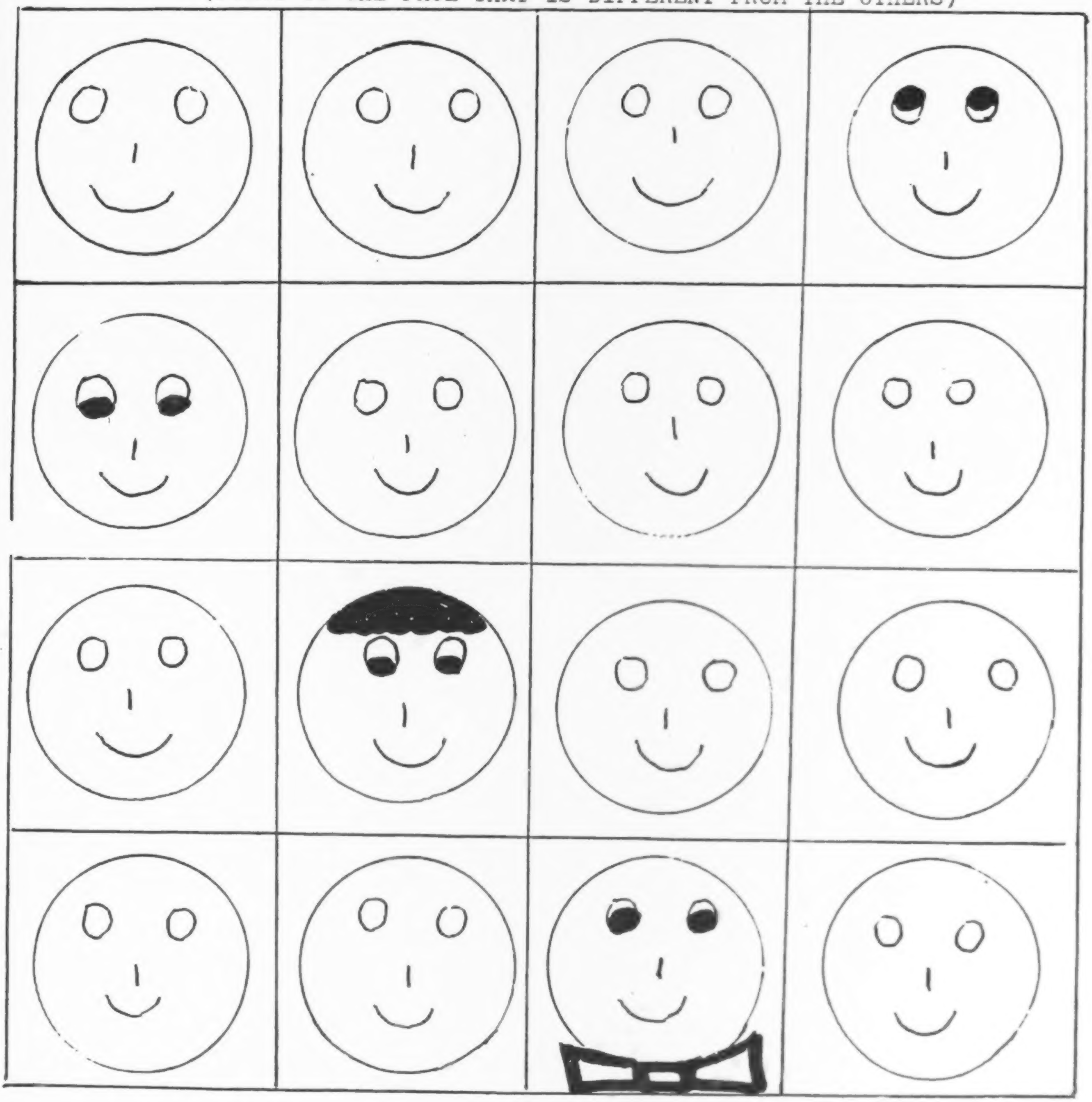
(POINT TO THE SMALLER OBJECT)



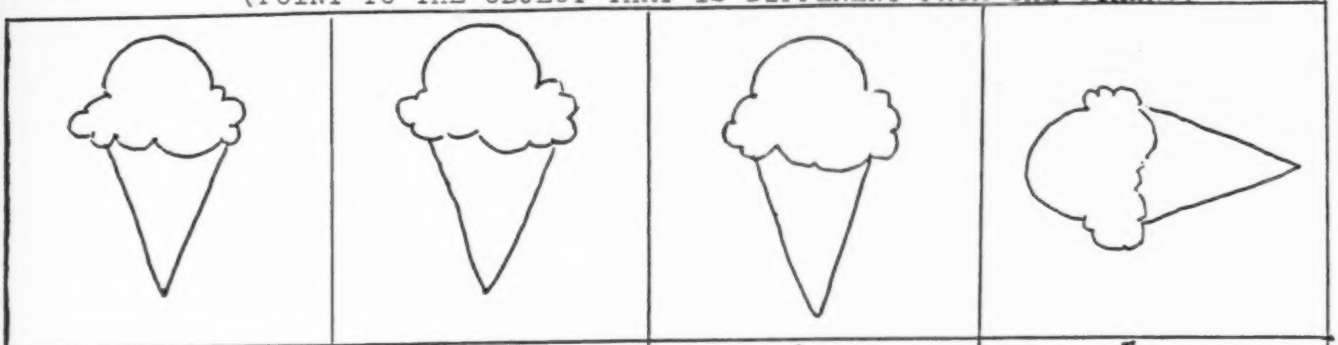
Señala así (x) la carita diferente

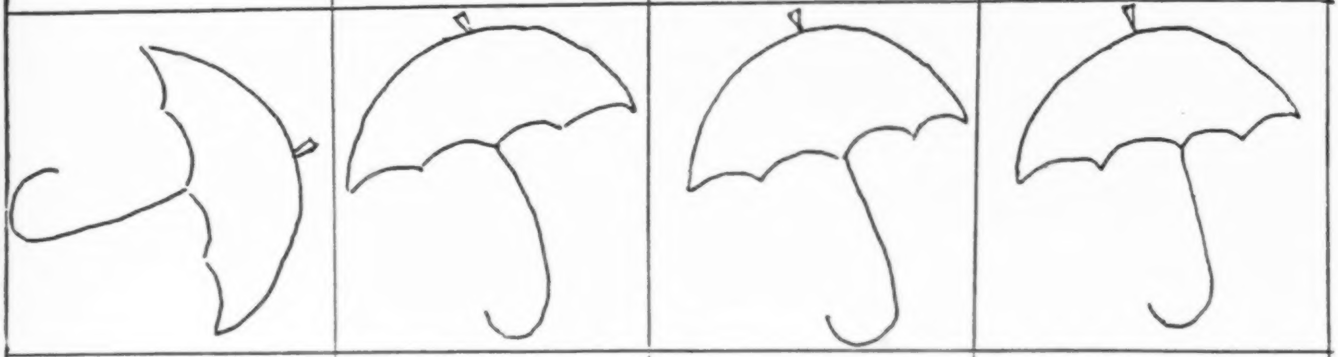
(POINT TO THE FACE THAT IS DIFFERENT FROM THE OTHERS)

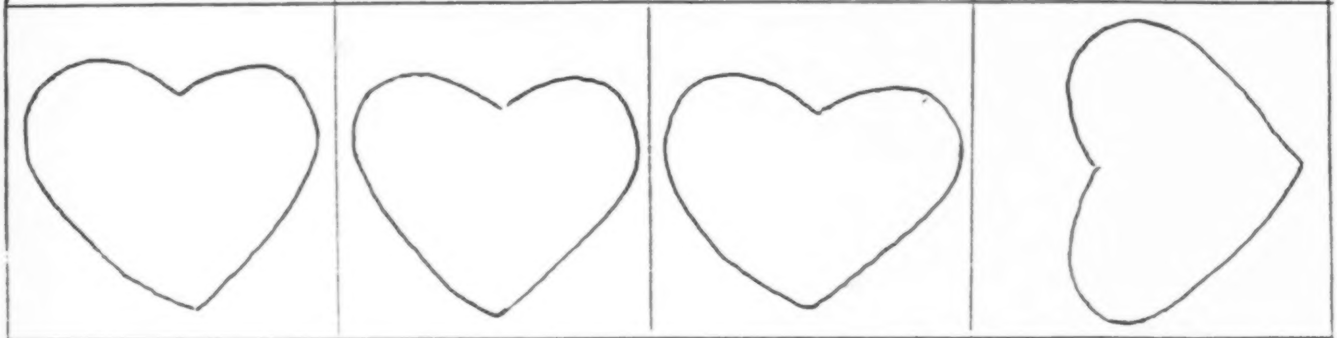


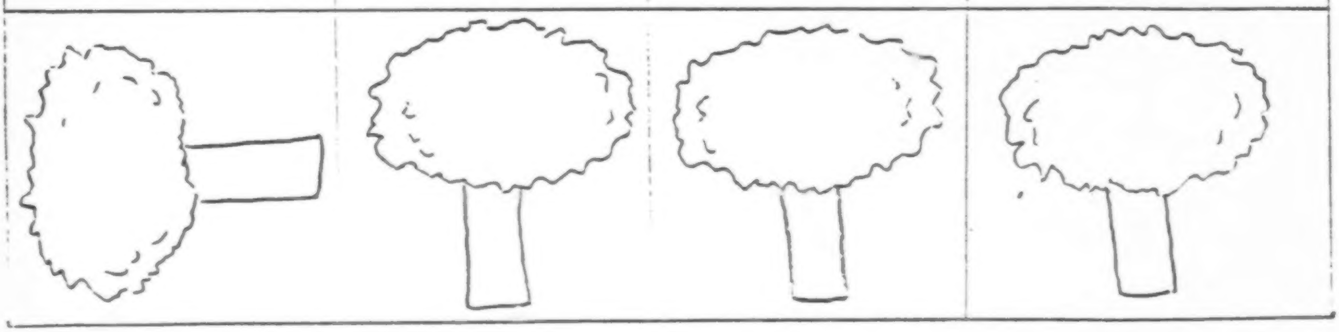
Señala así (x) el objeto que es diferente.

(POINT TO THE OBJECT THAT IS DIFFERENT FROM THE OTHERS)



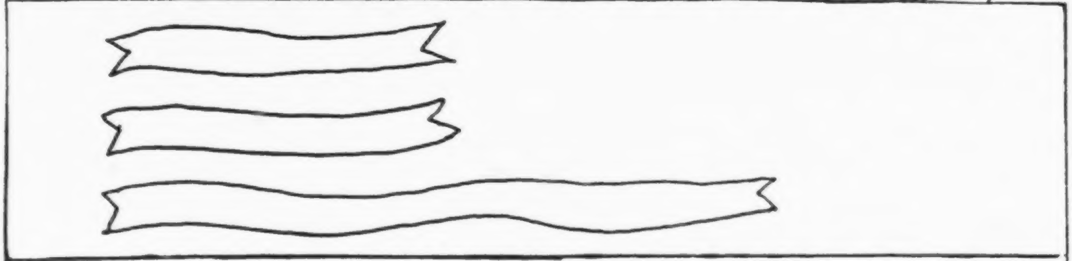


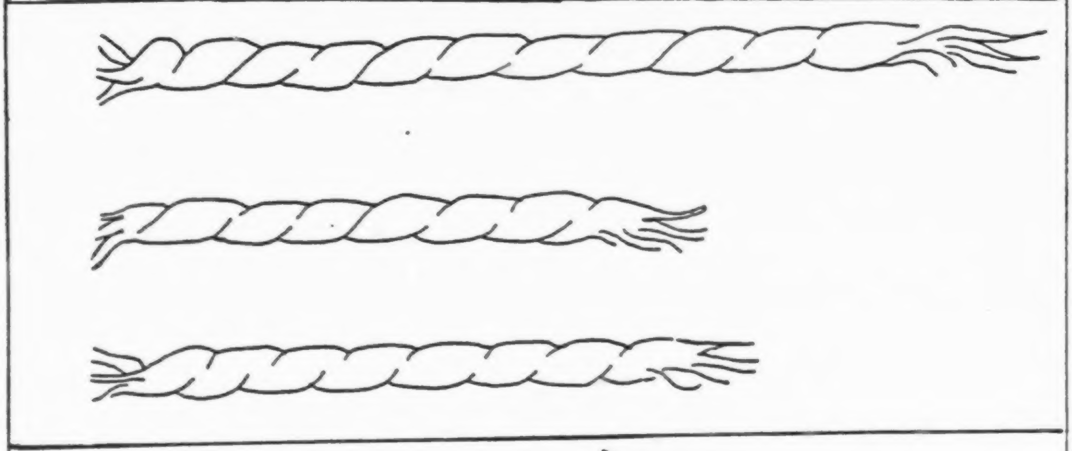


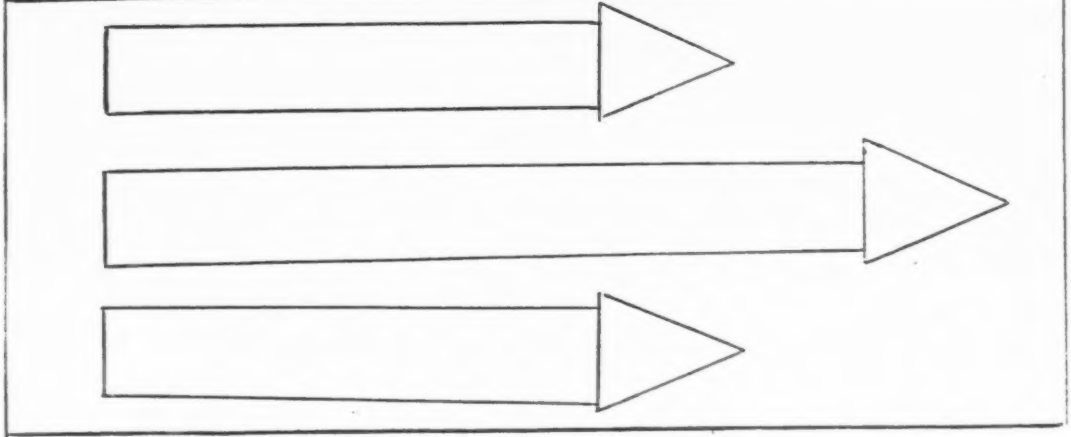


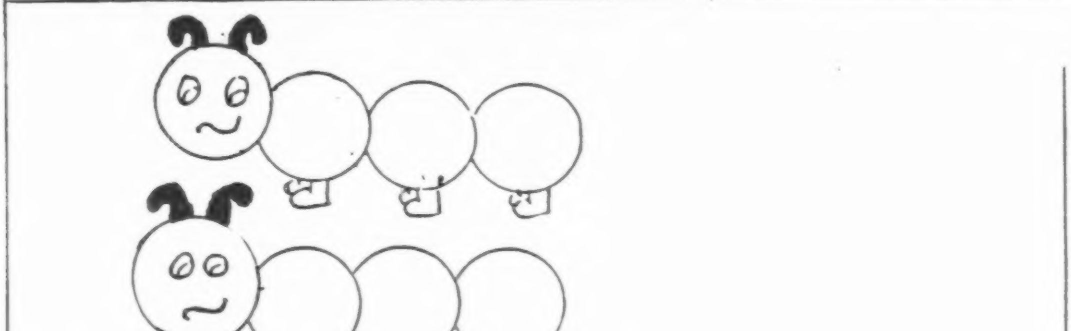
Señala así (x) el objeto más largo.

(POINT TO THE OBJECT THAT IS LONGER THAN THE OTHERS)



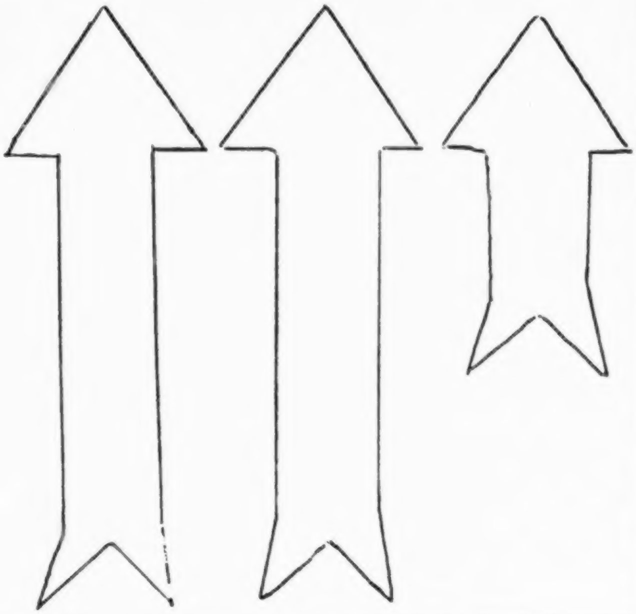


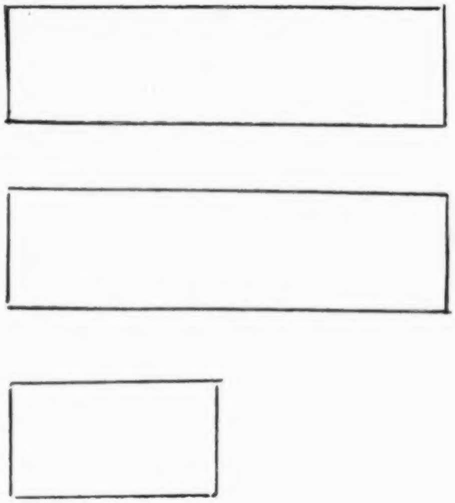


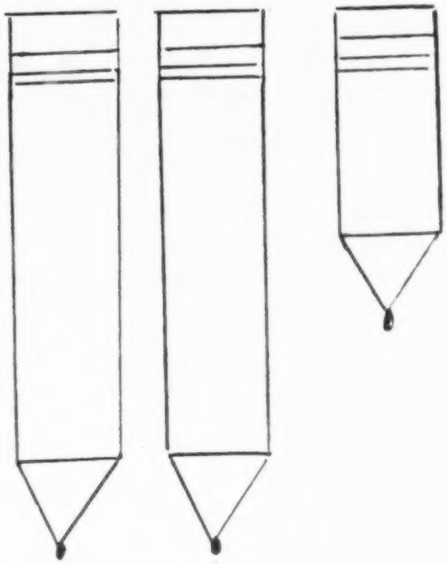


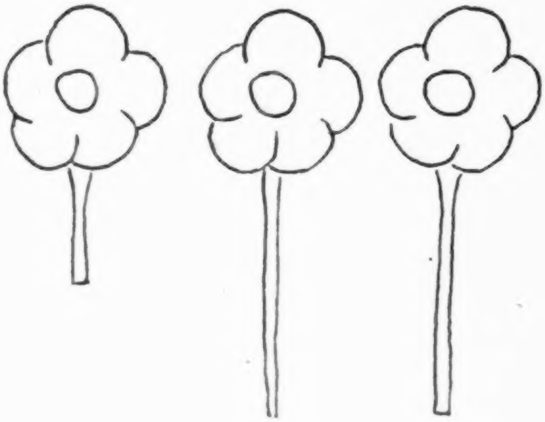
Señala así (x) el objeto más corto.

(POINT TO THE OBJECT THAT IS SHORTER THAN THE OTHERS)









Destrezas (Skills)	D	ND	En proceso	Observaciones
Discriminación (Discrimination)	Domain	No Domain	In Process	(Observations)
Visual: (visual)				
1. Más grande (larger than)				
a. sombrero (hat)				
b. hoja (leave)				
c. barquilla (cone)				
ch. triángulo (triangle)				
2. Más pequeño (smaller than)				
a. gorra (cap)				
b. sombrilla (umbrella)				
c. corazón (heart)				
ch. barquilla (cone)				
3. Diferente por: (Different by)				
a. detalle (details)				
1. ojos hacia arriba (eyes)				
2. ojos hacia abajo (eyes)				
3. pelo (hair)				
4. lazo (ribbon)				
b. Posición o dirección: (Position or direction)				
1. barquilla (cone)				
2. sombrilla (umbrella)				
3. corazón (heart)				
4. árbol (tree)				
4. Más largo (longer than)				
a. cinta (ribbon)				
b. soga (rope)				
c. flecha (arrow)				
ch. gusanito (worm)				

(Domain)(No D)(In Process) (Observations)

Destrezas (Skills)	D	ND	En proceso	Observaciones
Discriminación (Discrimination) Visual (cont)				
5. Más corto (shorter than) a. flecha (arrow) b. rectángulo (rectangle) c. lápiz (pencil) ch. tallo de la flor (stem)				

Recomendaciones:
(Recommendations)

Suministrado por:
(Administered by)

____

Appendix K

Parent's Needs Assessment
Post Questionnaire

NEEDS ASSESSMENT INSTRUMENT

In an effort to serve you better, please let me know your personal orientation needs about the following topics. Make a check mark (✓) in front of those areas in which you need more information.

Topics

______ How children grow and develop
______ How to manage my child's behavior
______ How to understand my child's special needs
______ How to improve my sign language skills
______ What is deafness
______ Services and resources available in my community
______ How to realize other educational activities at home
______ How to live with my child at home
______ How to help my child to behave
______ The importance of effective training for parents
______ How to help my child to get along with others
______ How to manage my child's anxieties and worries

In this moment I need to learn more about:
(Use the available space to write your needs).

Appendix L

Teachers Post Survey Form Instrument

Questionnaire

In order to assist us in evaluating the the workshops and training sessions presented as part of the program Topics in Early Childhood Special Education, please complete the following questionnaire.

The professional information presented during the training sessions helped me to improve the following competencies:

___ 1. Knowledge of normal and atypical processes and stages in children's development

___ 2. Ability to recognize symptoms of specific handicapping conditions

___ 3. Skill in observing and recording behavior of individual children

___ 4. Ability to employ informal procedures in dignosing educational problems

___ 5. Ability to prepare long-term goals and short-term objectives developmentally appropriate and consistent with each child's style of learning and observed strengths and weaknesses

___ 6. Ability to read children's cues and utilize this information in structuring an environment responsive to individual needs and conducive to maximization of children's active involvement

___ 7. Ability to develop a trusting relationship with children through effective communication

___ 8. Skill in techniques that enhance positive interactions among children of varying levels of ability as well as cultural and ethnic backgrounds

___ 9. Understanding and belief in the philosophy that underlies in the curriculum model in use

___ 10. Ability to listen reflectively to parents and to develop a viable program of family involvement

___ 11. Skill in recruting and working with paraprofessionals

___ 12. Ability to recognize one's own limitations and to seek assistance whenappropriate

Appendix M

Evaluation Instrument for Workshops Videotaped Sessions and Pannel

-- PARTICIPANT REACTIONS --

VIDEOTAPED SESSIONS AND PANNEL

TO PARTICIPANTS: This questionnaire gives you the opportunity to express anonymously your views about the videotaped session. To assist us in evaluating the session, we would appreciate it if you would complete the questionnaire and return it to the Coordinator before you go to lunch.

INSTRUCTIONS: Opposite each numbered program element listed on the left you will find a scale of possible reactions ranging from 1 to 4. Reactions 1 and 4 have descriptors. After reading those descriptors, please select the number which best describes your reaction; numbers 2 or 3 should be chosen only if your reaction falls between the descriptors.

For each program element listed on the left, circle the number of the reaction that is closest to your perception.

Program Element	Reaction			
1. Coordinator´s orientation to videotaped session	1 Clear and helpful	2	3	4 Confusing, didn´t really know what to expect
2. Purpose and objectives of videotaped session	1 Clear and explicit	2	3	4 Never really explained
3. Goals of video-taped session	1 Important	2	3	4 Trivial
4. Situations depicted in videotapes	1 Believable and true to life	2	3	4 Far fetched, unrealistic or too simple-minded

Program Element	Reaction			
5. Impact of videotapes	1 Suggested useful new ideas	2	3	4 Pretty routine, nothing new
6. Responsiveness of panel	1 Knowledgeable	2	3	4 Vague and unresponsive
7. Significance of panel discussion	1 Addressed major issues	2	3	4 Failed to discuss the most important questions
8. Contribution of videotaped session to understanding of team dynamics	1 Provided useful new ideas to improve our team functioning	2	3	4 Contributed nothing new
9. Contribution of videotaped session to understanding of my own role in team	1 Provided important insights that will help me become a more effective team member	2	3	4 Contributed nothing helpful
10. Explanation of steps in the decision process	1 Clear	2	3	4 Confusing

Appendix N

Participant Reactions and Post Conference Survey

PARTICIPANT REACTIONS AND POST CONFERENCE SURVEY

TO PARTICIPANTS: This questionnaire gives you the opportunity to express anonymously your views about the videotaped session. To assist us in evaluating the session, we would appreciate it if you would complete the questionnaire and return it to the Coordinator before you leave.

INSTRUCTIONS: Opposite each numbered program element listed on the left you will find a scale of possible reactions ranging from 1 to 4. Reactions 1 and 4 have descriptors. After reading those descriptors, please select the number which best describes your reaction; numbers 2 or 3 should be chosen only if your reaction falls between the descriptors.

For each program element listed on the left, circle the number of the reaction that is closest to your perception.

Program Element	Reaction			
	1	2	3	4
1. Structure of the workshop	Clear and well-organized			Confusing and disorganized
2. Physical facilities	Appropriate			Unsuitable
3. Time allocation among workshop activities	About right			Some activities too rushed, others dragged
4. The case study	Interesting			Dull
5. Discussion of the case study	Stimulating, informative			Boring; no new or useful ideas

Program Element	Reaction			
13. Overall contribution of today´s program to my understanding and improving my own role in my team	1 Greatly increased my understanding	2	3	4 Made little or no contribution
14. Overall contribution of today´s program to my understanding of exemplary early services for children with disabilities and their families	1 Greatly increased my understanding	2	3	4 Made little or no contribution
15. My advice to a colleague about attending this program.	1 Be sure to attend	2	3	4 Don´t bother

How did you hear about the Project? ____________________

____

____

OTHER COMMENTS AND SUGGESTIONS: ______________________________

____

____

____

INSTRUCTIONS: To assist us in interpreting your responses, please circle the number of the appropriate answer to each of the following questions.

15. What is your primary professional role? (Circle only one answer)

1. Audiologist
2. Educator
3. Nurse
4. Nutritionist
5. Occupational Therapist
6. Physical Therapist
7. Physician
8. Psychologist
9. Social Worker
10. Speech Clinician
11. Other. Specify: ______________________________

16. Where is your team based? (Circle only one answer)

1. Hospital
2. Community
3. Other. Specify: ______________________________

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE TO THE COORDINATOR.

THANK YOU FOR YOUR COOPERATION.

Appendix O

Weekly Log

ACTIVITY ____________________ WEEK ____________________

SUCCESSFUL METHODS:

UNSUCCESSFUL METHODS:

PARENTS CONCERNS:

PROFESSIONAL CONCERNS:

Appendix F

Rating Scale to Measure Participants' Preferences for the organization of new activities

Questionnaire

During the last nine months you have been participating with us in a variety of activities. Please use a check mark (✓) to indicate the activities that you prefere for future activities.

Thank you.

=== Professional conferences

=== Orientation Meetings

=== Informal discussions

=== Films and videos

=== Social activities

=== Sign language instruction

=== Formal sessions on how to help
your child at home

=== Workshops to prepare educational materials

What activities do you prefer to avoid?

Do you prefer to work on groups or individually?

Appendix Q

Early Childhood Special Education Resource Center

(ECSERC)

Early Childhood Special Education Resource Center

(ECSE)

Introduction

The Early childhood Special Education Resource Center has been conceptualized and organized in order to foster a more direct communication and interaction process between the deaf/hearing impaired preschool children, their parents, their teachers and other members of the Elementary Laboratory School. Essentially, the ECSE Resource Community Center is the core concept around which training and technical assistance services will be geared. But above all, it is intended to become the means through which direct technical assistance services could be delivered to needy personnel. Through the operation of the ECSE Resource Center, it is expected to preserve the spontaneity that should characterize the training-technical assistance providers.

Major Goals and Objectives

Major Goals The ECSE Resource Center has two major goals:

1. To enhance the self-determined professional growth of the personnel working with deaf/hearing impaired preschool children in order to insure the quality of services rendered to children and their families.

2. To foster the development of competencies in the parents and teacher of deaf/hearing impaired, through the delivery of training and technical assistance activities designed to help them to acquire the knowledge about: early childhood special education, nature and needs of deaf/hearing impaired children, child development field, behavior management skills and how to improve the necessary attitudes to perform on an excellency basis.

Objectives The following objectives have been identified as those to be accomplished through the ECSE Resource Center:

1. To foster a deeper understanding of the early childhood special education and child development field, among the U.P.R. Elementary School personnel.
2. To disseminate updated research findings and publications on child growth and development, early childhood special education and educational strategies to teach deaf/hearing impaired preschool children.
3. To orient the teachers, supervisors, parents, and other concerned personnel of the U.P.R. Elementary Laboratory School about the importance of early identification and intervention services for deaf and hearing impaired preschoolers and other children at risk.
4. To provide between 10% and 15% of the technical assistance time to members of the community at large

who are concerned with early childhood special education for deaf and hearing impaired preschool children.

Possible Activities

In order to accomplish the previously proposed goals and objectives, several possible activities have been identified:

Objective 1

1 (1) Individualized and direct consultation on various aspects of early childhood education and child growth and development such as conceptualization of activities for young children, production of educational materials and refinement of interaction techniques, among others.

1 (2) Interaction with educational materials, most of which are available through the lending library, in order to identify possible uses in the classroom, relevancy of the material in terms of the deaf child's growth and development, possible objectives to accomplish through the use of the material; and to develop skills in the use of those resources in order to enrich the daily program.

1 (3) Short seminars and workshops to small groups of clients sharing a common interest on deaf child growth and development and early childhood special education.

1 (4) Sporadic field visits to staff interested in receiving a special orientation on how to deal with a specific field situation.

1 (5) Demonstration of adequate educational strategies, interaction and use of educational materials with deaf preschoolers.

1 (6) Observation and analysis of previous taped educational interaction between adults and deaf preschool children.

1 (7) Loans of ECSE relevant literature as well as ECSE games and toys.

Objective 2

2 (1) Publication of a newsletter every other month intended to inform the school community about sound special education practice and theory.

2 (2) Translation and distribution through loans and donations of relevant publications and materials.

Objective 3

3 (1) Individualized assistance and orientation on how to plan and deliver trainings to parents.

3 (2) Sporadic visits to/with the Staff concerned in order to help them visualize and provide adequate follow up to training activities in the area of early intervention.

Objective 4

4 (1) Sporadic consultation and direct assistance to early childhood special education student-teachers and other preschool personnel from the community at large.

4 (2) Involvement with the early childhood special education community's activities.